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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF OVARIOTOMY, REPORTED IN ORDER TO SHOW THE DANGEROUS RESULTS OF ALLOWING ANY CONTENTS OF THE CYST TO ESCAPE INTO AND REMAIN IN THE ABDOMINAL CAVITY.

BY WALTER F. ATLEE, M. D.,

Of Philadelphia.

In the number of the *American Journal of the Medical Sciences* for July, 1880, is the history of a case of ovariotomy in which phlegmasia dolens, or, to speak more carefully, evidences of phlebitis, followed the operation. I have recently had another case of a somewhat similar trouble, though far more severe, that is worthy of record. In this one as in that, I believe the cause of the trouble was the irritation produced by the peculiar fluid in the ovarian sac, that got access to and remained in the abdominal cavity. At all events, a consideration of these cases shall make me most careful in all ovarian operations to try to prevent any of the contents of the sac from getting into the abdominal cavity, and in case they should, to take them out, to the very last drop, before closing the external incision.

On the 23d of April, I operated for Dr. Sidwell, of Johnsville, Maryland, upon the wife of a farmer, at her home in the neighborhood of that village. The patient was 48 years of age; she had had eleven children,; the tumor was first noticed eighteen months before I saw her; she said she was menstruating all the time. The abdominal enlargement was very great; she measured around, at the navel, 59 inches. The emaciation was extreme. The difficulty of breathing was so great that she could not lie down for a moment. No fluctuation could anywhere be detected; the sensation given was that of *elastic dough*. The history and the symptoms given by palpation made me think the tumor to be a multilocular ovarian cyst; the secondary cysts very small, and their contents very thick, that is, the liquid in them very glutinous.

At the operation, I found the skin so very tense over the abdomen that it could not be picked up. In evacuating the contents of the cyst, the trocar was of no use; small cysts were broken up in succession, and the thick liquid contained pulled out by the fingers. Every care was taken by keeping the external cyst wall against the opening in the abdominal wall, to prevent any of this fluid having access to the cavity of the abdomen, but this external cyst-wall tore very easily, and I was conscious that a good deal of it did, notwithstanding. There were no important adhesions. The pedicle was most vascular; it was well secured by ligatures and dropped. From circumstances I could not control, the cavity of the belly was not cleaned as well as it can be done when all are favorable. When I left the patient, seven hours after the operation, reaction was good, and there was no sickness of stomach. Dr. Sidwell wrote to me April 24, 10 p. m., that the patient's condition was very favorable: pulse 105; temperature 100½°; taking a moderate amount of nourishment; suffering no pain of consequence; skin acting well; urine high colored; no vomiting; sleeps well.

A daily postal-card always gave good news un-

til April 29th, when it said: Temperature, 100⅜; pulse, 109; rests well with the exception of cough and pain occasionally in the right side.

On the 5th of May, the doctor writes as follows:

"I find Mrs. B. this evening with a pulse of a 100, and a temperature of 100⅜. I will endeavor to give a brief history from the time of last writing. Mrs. B. did well until last Thursday evening (May 1st); the temperature ranging from 99 to 100⅜; the pulse 96 to 110; when she suddenly became weaker; the surface cold and bathed with cold perspiration; she complained of suffocation, and the pulse became so rapid as not to be counted; there was no rise in temperature over what there had been previously. This condition lasted until yesterday evening (May 4th), when the pulse became 100 as before, and has remained so to present writing. I could not account for the sudden change; a state of collapse, I think.

"Mrs. B. has suffered very much from indigestion and tympanites. Milk did not agree with her, or the simplest and most easily digested articles of food. We have frequently to relieve the bowels from tension, using warm water enemata, which bring away a quantity of black, fetid motion. The enema relieves for the time, but has to be repeated often. The stitches have been removed, the wound has healed. There is a relish for food; sleeps tolerably well, and she seems to be gaining some strength."

On the night of May 21st, a pelvic abscess burst into the vagina and two pints of not very offensive pus came away. On June 5th, Dr. Sidwell wrote that "Mrs. B. eats heartily, sits up, and will soon be in perfect health."

In July, I learned from the doctor while visiting Philadelphia, that Mrs. B. had had pneumonia, but was recovering.

I heard no more of the patient until the receipt of the following letter:

"JOHNSVILLE, FRED. CO., MD., *Oct.* 7, 1884.

"DR. WALTER F. ATLEE. *Dear Doctor*:—I am sorry to write you of Mrs. Buckey's death. When I saw you in Philadelphia (July 3d) she was then recovering from an attack of pneumonia, that having been followed by a phlebitis in right leg. The circulation was never properly established in the leg. The leg presented an appearance (in the upper third of thigh) such as would be if a cord was tied very tightly around it, a deep sulcus resulting on the inner side, for about one-third of the entire circumference. Numerous abscesses followed, commencing on the posterior aspect of the leg, immediately below this gutter, and continued one after another, down to the middle of the calf of the leg. They were of small size and healed without much trouble. About six weeks ago a swelling showed itself on the tibia, about four inches before the knee. I opened it, and found the periosteum involved. The soft parts with the bone commenced to break down rapidly. Last Thursday, Mrs. B.'s leg began to swell more, and was very painful. Thermometer registered 105⅗. The next day, still swollen more, with spots of ecchymosis. Gangrene set in and Sunday night she died.

"Very truly yours, etc.,

"F. H. SIDWELL."

In this case the pelvic abscess, followed by purulent infection of the system, was, in all likelihood, the result of failure at the time of the operation to remove all of the escaped contents of the cyst before closing the extended incision.

TREATMENT OF CHRONIC INDIGESTION, ETC.

BY W. M. HEPBURN,
Of Freehold, N. J.

(*Concluded from page* 543.)

After stating in our last article the general principles governing us in the treatment of digestive troubles, let us now proceed to hastily study what the process is by which food is taken into the alimentary canal and so changed as to be absorbed, and used to replace tissue waste and produce proper combustion.

We are accustomed to class the elements entering into the substances composing our food as organic—embracing the nitrogenous and non-nitrogenous (the non-nitrogenous embracing fats and carbohydrates), and the inorganic.

Organic	Nitrogenous,	Fats,
	Non-nitrogenous.	Carbo-hydrates,
Inorganic	Chlorides,	
	Phosphates,	
	Sulphates, etc.	

"Digestion is the process by which food is reduced to a form in which it can be absorbed from the intestinal canal and taken up by the blood-vessels." And the assertion is made that "no single class of substances, by itself, is sufficient to sustain life." I suppose that in a healthy body the individual feels well only on a combination, but even here we know there are idiosyncrasies which forbid certain foods to certain people. "A pound of flesh is enormously superior to a pound of cabbage; yet to a rabbit the cabbage is superior food, whilst to the dog it is no food at all." But taking only human beings, we will frequently find that, especially in impaired

digestion, "what is food to one is poison to another." If one can eat meat without distress to himself, but finds the moment he indulges in sugar or fats that he suffers misery from fermentation, etc., then, surely, nitrogenous food is what he needs. If one cannot indulge in fats without suffering from indigestion, then fats should be discarded. True it is that nature indicates by the food first provided for us—milk—that a proper combination is necessary to good digestion when all is working smoothly. But the digestion once crippled, theories must be set aside and common sense brought to bear. I may be necessitated to feed a child one teaspoonful of milk an hour. Critics will answer and say that the child will die.

But does the child run more risk by digesting one teaspoonful of milk an hour, or swallowing forty teaspoonfuls and immediately vomiting or purging from it. Not what we ought but what we can do is the guide for us. The assertion that "no single class of substances, by itself, is sufficient to sustain life," literally taken, may be so; but with very little latitude it will be proven false. I have known an individual to live for two years on lean beef (all beef, however lean, contains some fat) slightly seasoned with salt and pepper. Speaking of such a case, we could surely assert that he lived on nitrogenous, with a small amount of inorganic food. And it was in one of these cases I refer to that the doctor wrote to the patient, telling him he could not live on such a diet, yet he not only lived but is a witness to the *efficacy* of strictly nitrogenous food *in certain diseased conditions*. To these cases, I will refer later, but will now return to the process in normal digestion.

Organic food (the inorganic passing from the system in the same form in which it enters) is necessitated to change its form in order that it may be absorbed—taken into the blood-vessels. Digestion begins in the mouth. Some persons might refute this. The mouth to them is a funnel-shaped opening leading to the stomach, and is simply an opening by which they are able to bolt their food. *I never knew a dyspeptic who was not a bolter of food to a greater or less extent.* Physiology, however, teaches us that digestion of starch begins in the mouth, that a ferment is contained in the saliva, which by its presence causes this change. The teeth having properly performed their work, the starch, fat, and nitrogenous foods are well torn and separated, so that the different digestive fluids can attack them. Just as certain medicines are indicated, but cannot always be taken by the patient, so food should always be properly masticated, but owing to decayed or lost teeth the individual cannot perform what would otherwise be a pleasurable duty. Under such circumstances, either a dentist must be called upon to repair damages, or the dyspeptic be willing to confine himself to liquid food.

Civilization is often accused of being the cause of a physically inferior class of people; but there are certain advantages given us in this refined age of the world, viz., our meals by courses, and the limit of vegetables to three or at most four kinds.

The former necessitates our taking time to eat, and thus allow our stomachs an opportunity to indicate when they are full. The latter gives the aforementioned organ a chance to bring sweetness out of animal and vegetable, organic and inorganic, sweet and sour, hot and cold, digestible and indigestible.

But having good teeth and masticating our food properly, yet normal action on the starch foods may be lacking. If such be the case, simply reducing the amount of carbo-hydrates and adding the efficiency of the salivary ferment will probably put an end to the trouble, and thus allow us to indulge our patient's appetite for these agreeable foods containing starch.

How can we add to the salivary ferment? The ferment capable of producing this change is called "diastase," and "identical ferment is produced in the process of malting barley, where the starch of the barley is 'hydrated' into malt," and we find this most agreeably presented to us in the preparation called maltine.

Even in liquid foods we frequently have so firm coagulation as to prevent the juices of the digestive canal from properly attacking them. In using such liquid diet, the addition of an alkali, such as lime water, and also a little flour, will be of great service in overcoming this difficulty. The stomach digestion is also relieved of much extra work by the food being properly prepared.

Cooking, thoroughly done, breaks open the enveloping membrane of the foods, and so plays an essential part. We know that the gastric juice owes its efficiency to pepsin in the presence of an acid. We must carefully distinguish between atony and irritability of the glands of the stomach. If the food lies heavy and gas escapes with the taste as if the food were decomposed, or there is a bad taste in the mouth, disagreeable breath, coated tongue, etc., instead of giving the routine pil. cathartic comp., a far better, less irritating, and not at all weakening treatment, is to reduce the quantity and quality of food, and add to the

gastric juice, by giving hydrochloric acid and pepsin. If irritability exists, we will often be discouraged by the tediousness of the case if we fail to realize that we must use only the blandest foods—such as milk, or Imperial Granum, water, and white of egg, etc. And with this, soothing drugs instead of irritants, such as acids.

Bismuth and opium properly handled will aid much. We know that albuminoids are digested by the stomach, being transformed from insoluble proteids to soluble peptones. We also know that improperly digested, this albuminous food is retained as urates, instead of changing to urea; we see this in gout. Well, then you say in gouty subjects stop albuminous foods, and so rid the patient of his trouble. Text-books say: "Nitrogenous and saccharine substances must be limited." This sounds like good common sense. How astonishing it is then to know that the "Salisbury steak" has been found very beneficial in gouty patients. I have a letter, in my possession, received a short time since, from an elderly lady who, for years, has suffered from gout. Her eye was in such a condition as to necessitate her remaining in a dark room by the month, and her whole system so shattered as to forbid company coming to the house (although she was not called on to see them). So acid was the secretion from her eye that it caused excoriation of the cheek, in flowing over it. She placed herself under the care of a physician, who *confined her to beef*, in the shape of "Salisbury steak." Her flesh rapidly left her, but sleep, which she had not enjoyed for a year, came to her. Her eye ceased to trouble her and life again presented a few charms. Here is what she says about her doctor and treatment: "My sickness makes me more positive in my faith regarding the new system I am under. I am quite sure it is the very best for me, and I never thought I could have so much confidence in a young physician as I have in Dr. —— (a New York M. D., under whose care she is).

I see in the *N. Y. Tribune* that Prince Bismarck says there has been no advance in the science of medicine for the last two thousand years. I do not agree with him, and will have to acquaint him with the "Salisbury steak and hot water." If then a disease due to improper digestion is relieved by confining the patient to that article of diet which is supposed to take a prominent part in producing the trouble, it teaches me that where an organ is incapacitated by overwork, if only partially maimed, relief can often be secured by an exclusive diet, no matter whether it coincide with our theories or not, provided the food is nourishing, and in such a digestible form as *to be perfectly assimilated*. Nitrogenous food is strengthening, not fattening. But can a person thrive on such a diet? Facts certainly prove they can.

To return to the stomach digestion, beside adding to the gastric juice by giving artificially prepared pepsin and acid, we can stimulate the glands themselves, and prominently efficient are arsenic, ipecac, and alcohol taken with the meals.

In regard to stomach digestion, then, we know what the digestive fluid is—pepsin and hydrochloric acid. We can increase it artificially. We can increase it by stimulating the glands producing it. We can subdue irritation by sedatives. We can aid digestion by having the food properly prepared and masticated. We can usually stop uneasiness by using proper food, which same may necessitate the cutting off of all but one kind. Where a mixed diet is preferred, milk is best, and if curdling prevents its use we may often relieve by using flour and an alkali to prevent too firm coagulation. If the stomach will not digest the milk, we can try white of egg, water and brandy, or Imperial Granum. I remember hearing a well-known dermatologist say, in one of his lectures, that the number and combinations of ointments were legion, but that sensible men soon learned to confine themselves to a few which they found adapted for the use they wish to put them to. So it seems to me, this question of diet, in very depraved digestion, presents itself, and we are startled by the number and size of the volumes devoted to the subject, but to the busy practitioner such a list as milk, "Salisbury steak," Imperial Granum, maltine, Murdock's liquid food, Mellen's food, and stale bread, is about all he needs to meet most of his cases.

Dr. Fothergill tells us: "In a bad case seen some months ago, the medical man in attendance upon the case had tried every food which the patient could tolerate except malt extract, and the only thing left for me to suggest was that a teaspoonful of malt extract be given every hour. This was done; the stomach did not resent the presence of so small a bulk, and after a fortnight other food could be taken, and soon the patient got quite well." In a case of headache, due to indigestion, cure was obtained only by strict adherence to a vegetable diet. "Meat seemed to act upon the patient as a veritable poison."

We must study our cases, but of all these foods meat, prepared in the shape of the "Salisbury steak," can be most frequently and easily borne, satisfies the intense hunger of the accompanying diseased digestion, and gives most strength. Cer-

tainly, where the bowel is the portion of the tract at fault, it would seem to be the remedy *par excellence*. The pancreatic juice seems to possess the property of digesting albuminoids, emulsifying fats, and changing starch into sugar. We now have presented to us most useful preparations of pancreatic secretions, and if properly made they are not objectionable in taste.

Little has yet been accomplished in the way of stimulating the pancreatic secretion. Ether has been recommended, and is sometimes given with cod liver oil. Dr. Fothergill advises its use; but with all deference to him, one of the best of medical writers, it must be acknowledged that some of his mixtures would not be taken by American patients. I should prefer to suffer rather severely than to undergo the misery of swallowing such nauseating doses t. d. Liq. pancreaticus is frequently added to milk to artificially digest it, and thus allow of its being taken by invalids otherwise unable to digest it.

But where the starches and fats give great distress, I prefer to cling to the nitrogenous foods until the digestive apparatus has regained its tone, whether this be for a long or short time. After suffering much from a long siege of indigestion, such as pain, gnawing, lassitude, intense nervousness, diarrhœa, etc., patients will usually cheerfully acquiesce if we explain why we give or withhold.

Frequently we see cases in which there seems to be good digestive power in the stomach, and freedom from all trouble until the food passes the pylorus; then small cramping pains begin, wind is passed, and soon there is a call to stool, with a passage of a liquid of most disgusting odor. I see it is stated by a physician writing on this subject, that in these cases, where the food passes without being digested, the cause is a nervous one, and that he found potass. brom. of great value, especially in children, during dentition. That strikes me as a good suggestion, but if this irritability keeps up any length of time, it must lead to an inflammatory condition of the mucous membrane, causing viscid secretion, and loss of power in the digestive fluids. Nerve sedatives would not check this trouble; astringents seem only to aggravate, even in young children. I have used with success milk or white of egg, with half a teaspoonful of "Salisbury steak" twice a day. Not being able to take much milk, they have grown thin, nervous and irritable, as any one would who is slowly starving to death; but the little addition of steak has relieved the gnawing hunger, and these, together with port wine, quinine and iron, and, if necessary, a little bismuth and opium, have produced wonders in a few weeks.

Remarkable cures are usually of interest to physicians, and my apology for lengthening out the following case is that I hope it may be as instructive to my readers as it was to me.

Let me remark that I know the patient, and can vouch for the facts as to his low condition, that he was given up by several very prominent physicians, under whose care he was for months, and that to-day he is *comparatively* well. What is more, his is only one of several cases I saw and talked to. Lungs badly diseased, bowels chemically inflamed, are too palpable to allow us to insinuate that hysteria or imagination would account for most of the truth. "Facts are hard things to get over," A young physician having a very heavy strain on him, due to a large private and hospital practice, as well as much mental labor, gradually but surely broke down. At first he suffered from nervous exhaustion, but stimulated himself and continued his work. Sleeplessness, of an intractable form, was added to his troubles. His flesh rapidly decreased, his physical strength gave way, and, to all appearance, he was a doomed man. His medical attendances were perplexed as to the exact seat of disease. They knew, of course, that overwork had prostrated him, but they differed as to the organs diseased.

One gentleman, making kidney disease a specialty, said he was suffering from Bright's disease. Another discovered disease elsewhere, but as the Dr.—the patient—himself remarked, he had no doubt but that examination would have shown all his organs to have been in an abnormal condition. Many symptoms pointed to tuberculosis. He was sent North and then South. To one resort and then to another. Medicines, of course, were freely used. He was necessitated at last to take his bed, and had a servant take him to the different places recommended.

Hearing of the Salisbury treatment he placed himself under the care of a gentleman practicing it. The physician told him his bowel was thickened very greatly, but that if enough vitality were left in him to stand some months of struggle with the disease, he would get well.

It was his last resort and he placed himself at the doctor's mercy. He lay on his bed for eighteen months. His treatment was the "Salsbury steak" t. d. and hot water. His bowels moved several times every day. Some days as high as fifteen passages, and the pain sometimes was almost unbearable.

Membrane six or seven inches long passed from him. (He has some of this membrane preserved in alcohol, to show that it is what he states, viz.: membrane, and not mucus, etc.) He gradually grew better, and to-day is engaged in a large and lucrative practice.

If much excited, or much loss of sleep is necessitated, he needs to rest and recuperate; but he is a wonderful illustration of the recuperative powers of nature, provided she is given a fair chance. The doctor's theory as to his sickness and recovery is that his bowel—the larger bowel—was thickened by a chronic fibroid inflammation. The meat was entirely digested by the stomach, and so gave him the necessary strength to undergo the proliferation, and *also supplied such good blood* as to enable the bowel to recover itself with new mucous membrane. The membrane passing from him he believes to be the indurated portion of the bowel. He thinks the bowel will, in time, completely renew itself, and he will then be able to go back to his combination diet. He is, naturally —as any of us would be—enthusiastic; positively asserts he has seen, in numerous cases, recovery in patients suffering from phthisis, Bright's disease, and even locomotor ataxia in the earlier stages. He was noted for his acumen in the diagnosis of disease, before his sickness; so when he assures me that numerous cases suffering from these diseases, have rapidly recovered, I must, at least, believe that nourishing, easily digested, easily assimilated food can work immense benefit to our patients. I am not an advocate of the Salisbury treatment, pure and simple, but I am a believer in Nature's cures. I do not believe the doctor cures. He assists nature by aiding her in *building up, and removing otherwise insurmountable obstacles*, and *thus saves life*. Of all he accomplishes, the food most nourishing and strengthening to his patient is his "strongest point." Let me illustrate. Dr. Kidd gives the following case; "In 1860, I attended a lady in Euston Square, aged 82, for an attack of gastric fever, characterized by excessive dryness of the mouth, with yellowish fur on the tongue, heat of skin, constipation, restless nights, and exhaustion. It proved a tedious attack, although dieted, as we thought, carefully with beef tea, milk, brandy and water, etc. Relapse after relapse occurred, but at length she recovered in seven weeks. A year afterwards she had another attack, precisely similar, but from the first I prescribed no food but sugar and water and brandy. She made an excellent recovery in three weeks, and got well in less than half the time of the attack the previous year. Weak beef tea was given her two or three times during this attack, and within three hours each time there was such a marked increase of fever that the friends were perfectly convinced that it was best to confine her diet to sugar and water and brandy. Some months afterwards she went to Liverpool, and after a time had another attack of the same gastric fever, for which the local doctor *fed her well*, as he said; but relapse after relapse occurred, and she *died of exhaustion* in seven weeks."

An amputation of the shoulder-joint, however skilfully performed may result in the death of the patient unless the assistant understands his part and grasp the flap containing the artery. He does not perform the operation, but he, by properly assisting, is as necessary as is the surgeon to the saving of the patient's life. So we assist nature.

Let us approach our patients, then, not with the question of how can I cure this disease, but, rather, what is my particular duty as an assistant to nature?

To properly answer that question, we must first find out which organ is the one diseased; a most difficult talk, too, it often is.

Secondly, we must know the function of the organ in question. The organs to which we have been directing our attention are the mouth, stomach, and bowels. We have already spoken of their functions and how to aid them by diet, adding to the normal juices, or quieting by sedatives or anodynes until all irritability is subdued.

Thirdly, we must judge from its condition whether simple atony or torpor, or irritability, or organic change exists, and act accordingly.

In all of them rest, diet, protection, support, pleasant living are essentials to proper treatment.

If atony or torpor exist, stimulants such as Huxham's tinct. and port wine (thus disguising the wine, and so preventing a taste for it being cultivated) with an addition of artificial digestive juices. If irritability exists an opposite treatment is called for, sedatives and anodynes, until the organ is soothed. If organic change, such as ulceration, has taken place, nitrate of silver is a most excellent addition to the medical part of the treatment.

Does constipation distress the patient, due to improper flow of bile, then use ox-gall pills, and if necessary a syringe, unless a short time on a pill such as this will relieve the trouble:

℞.	Ferri sulph. exsic.	gr. vj.
	Quiniæ sulph.,	gr. x.
	Strychniæ sulph.,	gr. j.
	Ext. bellad.,	gr. iv.

M. et. ft. pil 30.

Sig.—One pill three times a day before meals.

Avoid cathartics as much as possible. When chronic irritability of the bowel exists, the fæces have a tendency to lodge at the lower end of the rectum and irritate the bowel, and the patient fears to bring on another attack of diarrhœa by using a laxative. In such cases small cold enema will relieve the bowel of the fæces, and also soothe by its coolness, and so assist in giving it its normal tone.

There are two other remedies I wish to speak of which I have found of great benefit, viz., water, internally hot, externally cold. Chronic derangement of the digestive apparatus must lead to changes in the secretions of the glands of the mucous tract, as well as the glands secreting the digestive juices. The mucous secretion becomes viscid and scanty, coats the membrane, and thus prohibits proper flow of the normal juices. This abnormal condition leads to others. For perfect digestion, juices and membrane must be in normal condition. To have abnormality on the part of one causes changes and allows of deficiencies never estimated. 'Tis like the stir caused on the surface of the placid lake when disturbed by a stone striking it—the ruffle soon roughens the whole surface.

The coated tongue and foul breath give us indications of the widespread mischief in the hidden portions of the tract. What drug will cleanse the tract, stimulate the glands, weakened and anæmic from the tedious inflammatory process going on? It strikes me that we want here a fluid which will sweep through the tract, which by its heat and cleansing properties will loosen up this accumulation, and also stimulate and warm up the atonic glands; which will not end here, but go on and by its quantity and character dissolve deleterious matters—such as the urates—in the blood, and wash them out through the kidney, and in so doing will also act favorably on that organ; but at the same time we do not wish to depress the patient, nor by some other property of the drug cause injury to one part while we benefit another. What is more, the process should be repeated at intervals, say three times a day, until it has accomplished its purpose.

We cannot live on air. We must use our digestive apparatus, and in its weakened condition even the lessened work we try to give it will nevertheless, for some time, irritate and enfeeble it. Taking milk hot would act as a stimulant, and be a fluid; but milk is not a cleanser but a food, and calls for work on the part of the digestion, which ilitates against the very thing we wish to accomplish, namely, rest, stimulation and cleansing.

Hot water has no such objection. It fully meets the requirements, and if we but explain to our patients why we use it, they will at once acquiesce, and in the end become fond of it.

A young gentleman, a great lawn tennis player, assures me it quenches thirst far better than cold water, and never acts deleteriously, whereas the cold water frequently produces cramps and diarrhœa. He uses it with pleasure even in warm weather.

Three times a day, half an hour before meals, it will be found of decided value to weakened digestion. It is also a good way to give tonics. The rapidity with which the stomach takes them up must be increased. Vomiting, producing a weakened, relaxed condition of the stomach may often be checked by one drop of ext. ipecac fld. in half cup of *hot* (not warm) water. Water plays another part in aiding the economy to maintain or recover itself, in the way of baths. It thus cleanses the skin, stimulates the glands and braces the system. In very debilitated persons, especially where weakness of the bowels exists, baths must be sparingly indulged in, but having stopped too frequent discharge of the bowels, tepid baths may be commenced. The water cooled a little more each day until we get it to such a temperature as to be decidedly cool to the body; a plunge or shower bath taken every morning on rising, *in a warm room*, followed by brisk rubbing with a coarse towel, will assist much in invigorating the whole system, and this helps protect against the tendency to be easily affected by the changes in the weather.

The diet we have spoken of belongs to the very debilitated. We can, after a while, according to the amount of disease in our patient, gradually enlarge their diet list. If the bowels have a tendency to be easily moved, rice is very agreeable, digestible, and usually constipating. It can be eaten with cream and sugar for breakfast, and as a vegetable with salt and pepper for dinner, and thus take the place of the less digestible potato. A soft-boiled egg for breakfast and tender fresh meat for dinner, with some light but pleasant pudding, such as corn starch, or roast apple or rennet, will certainly be able to appease hunger, and even give pleasure in coming to the table. *The evening meal should always be light.* If of a constipated habit discard rice and use oatmeal, pearl hominy, or wheaten grits, all of which can be found of the most tempting character, if proper brands are purchased. A man or woman, whose

digestion has once, for any length of time, failed them, will never again be able to indulge recklessly, nor need they.

The strongest digestion, if freely and animalishly indulged, like everything else in this world, will surely bring suffering. Men given wholly to mental pursuits might as well learn first as last that they must restrict themselves to their table fare. To lean, rheumatic, scrofulous individuals, fats seem to be of much benefit. Dr. Fothergill explains it by saying: "There can be little, if any, doubt about the fact that it is the imperfect assimilation of fat which impairs interstitial digestion in the body."

"This impairment gives us those modifications of irritation which are summed up in the word "struma." We know that if we can manage to enable a patient with pulmonary phthisis to digest and assimilate cod liver oil, tissue nutrition becomes so altered that the development of tubercle is arrested, that is, we have once more given to growing tissue that fat which is essential to healthy formation." The best and pleasantest preparation of cod liver oil which I have ever used, and which I always prescribe when there is no tendency to diarrhœa (the acid in it is irritating to weak bowels) is the following:

℞.	Pulv. acaciæ,	℥j.
	Glycerinæ,	℥ij.
	Ol. amygd. am.,	♏iv.
	Ol. lemon,	♏viij.
	Ol. cinnamom,	♏iij.
	Ol. morrhuæ,	℥iv.
	Spt. vini rect.,	℥j.
	Liq. ac. phos. co.,	℥j.
	Aquæ, q. s. ad.	℥viij.

Sig.—Dessertspoonful ţ. d. after meals.

This seems like a long prescription, but most of the ingredients are used to make an agreeable emulsion, which it certainly is. Cod liver oil, ac. phosph., and spt. vini rect. are a fine combination.

Sometimes, depending apparently on the preparation used, the quantity of acid needs to be lessened, as otherwise it is disagreeable to the taste.

It is probably useless to say that this has not been an attempt at a methodical treatise on indigestion (I use the word indigestion in its broadest sense, not confining it to mere functional derangement, but including the structural changes which take place in long-continued digestive troubles). My own sad mistakes, my over-estimate of the efficacy of medicines, to the neglect of equally or more important measures, the shortcomings of other physicians, some of whom are gray-haired in the service, all have helped to lead me to the conclusions I have attempted to express in this imperfect effort.

I was amused a short time since to hear of the astonishment of a cultured old lady, on calling in her physician, a man seventy years of age, to have his advice in regard to an acute attack of diarrhœa. The doctor told her she must *restrict* herself for a short time to a *limited* diet, and then proceeded to give her a *list* of articles which she could enjoy, which *was larger than she usually indulged in at any time*, even when she was giving herself unusual license.

If physicians need advice, where must the laity be? Here is an illustration as to where they are: A druggist, a gentleman in whom I have the greatest confidence, told me that I would be astonished to know what sensible, intelligent gentlemen (in other matters) bought the most absurd quack medicines. One man came to him and asked his opinion of one of these patent medicines. The druggist told him it was injurious, and, if we could believe the analysis, a miserable combination, resulting, after long use, injuriously to certain organs of the body. The man hesitated a while, and then handing him the necessary amount, said, "Give me a bottle." Why did he take it? Because some one had represented it to him as a "specific."

Our duty plainly is to educate our patients and give them a knowledge of what the practice of medicine truly is; that such a thing as a "specific" does not exist, *and for that very reason* intelligent physicians are needed.

The simplicity of the remedy, or its source, seems often to deter some physicians from believing in its efficacy or testing its virtues. But lately I was told by a prominent physician that he, after treating a severe and obstinate case of cystitis for three weeks without apparent benefit, was surprised to find his patient suddenly decidedly better, and was informed that she had been told to drink buttermilk, and did so with such gratifying results. Since then the doctor has had seven cases of the same disease, in all of which this treatment has been used, and with most satisfactory results. It is not the bland diet, for skim-milk has no such effect. Now think you I will hesitate to use buttermilk in cystitis because my patient might lose faith in drugs, or because it is an old woman's remedy, or because it does away with medicines? Not at all. I hail it with pleasure, because while accomplishing the result desired, it does so without injury to other parts of the system, but on the contrary is a food.

Hospital Reports.

NOTES FROM THE PHILADELPHIA HOSPITAL, NOVEMBER 29, 1884.

Dr. W. H. Parrish.

Irritable Bladder—Hemorrhoids.

Dr. Parrish brought before the class a woman who had some trouble with her bladder, and whom he proposed to examine before the class, in order that he might reach a diagnosis, and that the students might become familiar with the method of examination in these somewhat obscure and puzzling cases. The patient, who was about fifty years of age, complained of very frequent urination; in fact, she was compelled to rise so frequently at night to urinate, that she was unable to count the number of times. She had been in the hospital a week, and her bladder trouble had somewhat improved under the use of an alkaline infusion containing uva ursi and hops. The alkaline infusion was used because the urine was acid, and it was thought that this acidity might be the cause of the irritation of the bladder. She was also given, at night, tincture of belladonna and bromide of potassium, for belladonna has a favorable influence on irritability of the bladder. Chloral was also occasionally given at night, and tincture of belladonna in doses of three drops every three hours was given during the day, until, having produced its physiological effects, it had to be stopped. The woman has had thirteen children, and her menopause is now established. This irritability of the bladder has come on during the past six weeks, and the passage of a uterine sound causes great pain. She also has hemorrhoids. The examination of the uterus shows nothing wrong with that organ. She may have an ulcer of the urethra. There is no sugar in the urine, which is light amber in color, with a specific gravity of 1008-10, and there is no albumen. It was decided to etherize the patient and make a careful examination of the genitalia. Dr. P. remarked that the female urethra is infinitely more dilatable than that of the male.

There are two sets of dilators for the female urethra, the one made of hard rubber and devised by Dr. Albert Smith, the other of metal and recommended by Dr. Ellwood Wilson. Dr. Parrish prefers the rubber instruments, because those of metal, working on the principle of scissors, do not make uniform dilatation, hence, there is danger of rupturing the urethra, especially if a previous gonorrhœa has caused inflammatory softening of its walls.

While the patient was being etherized, Dr. P. made some remarks on ether. He prefers Squibb's ether, which he considers the safest and most reliable, not only on account of the purity of its manufacture, but because it is put up in hermetically-sealed tin cans, which prevents its being tampered with by the retailer, providing we buy it in these sealed cans. It is a very common practice for the retail druggist to adulterate ether with alcohol; hence the importance of buying it in these sealed cans from a reliable manufacturer.

Calculi are less common in women than in men, because it is easier for them to be expelled when small, owing to the shortness of the urethra and its less tortuous course. In this case he excludes cystitis, on account of the condition of the urine. In cystitis, the urine would be turbid and cloudy, and there would be a deposit of mucus. Irritable bladder may be due secondarily to disease of the anus or vulva, to hemorrhoids for example, since there is an intimate connection of the nerve filaments of these parts.

Upon examination, the urethral orifice is found to be rigid, the result, no doubt, of old lacerations, during her thirteen pregnancies. The urethra was sufficiently dilated to allow the finger to be passed into the bladder, which was found soft and smooth. This condition might be due to a polypus, but in that event it is not likely that the symptoms would have come on so suddenly. It is always best to first empty the bladder, before dilating the urethra. Should there be a fissure of the urethra, giving rise to this trouble, dilatation, by paralyzing the muscular fibres, will allow it to heal. He commences with the smallest dilator, and works very carefully, endeavoring to avoid even the most superficial laceration, which may leave an ulcer that, being constantly irritated by the urine, will be very slow to heal. Owing to the constriction at the external meatus, the operation has produced a slight laceration. He now ligates the hemorrhoids, which are too large to be treated with carbolic acid, and lets the case alone for the present. In operating for hemorrhoids your thread must be very strong, for you must *absolutely* occlude the vessels. In order to expose the hemorrhoids, put your thumb in the vagina and evert the rectum, which will bring them into view. When encircling the integument, nick it; this will produce less irritation and is less painful.

Hemorrhoids of this character should never be cut, and he doubts if they should be cauterized. He has seen very serious secondary hemorrhage after the use of the actual cautery, and in this situation it is very hard to control; he mentioned one case where it had been controlled by the tampon. After ligating, if the hemorrhoids can be easily returned into the rectum, we should do so, because if left out, they will stimulate contraction of the sphincter, and cause more pain. In this case they do not go in easily, so he will leave them out. He will keep the patient under anodynes for a while, and will apply cold water compresses for several hours.

Prolonged and Intractable Cystitis.

In a case of prolonged and intractable cystitis, where the patient was bed-ridden from hemiplegia from reflex influences, and where dilatation as in the above case failed utterly to relieve, Dr. P. made an artificial vesico-vaginal fistula, which *rested* the bladder for eighteen months, thus enabling it to gain something of its normal condition; during this time the patient gained forty pounds in weight. At the end of this time, the fistula was healed by operation; in some cases no lesser procedure can be relied upon to relieve the trouble.

The Dangers of Operations About the Anus.

This is one of the most dangerous regions of the body upon which to operate, on account of the after-effects. The hemorrhoidal veins have an in-

timate association with the deeper veins, and we may have phlebitis or blood-poisoning.

DECEMBER 6.

Dr. Parrish again brought before the class the woman with irritable bladder. For two or three days after the operation described, there was less frequency, but more pain in urination, due, no doubt, to the laceration caused by the operation. Now she can retain her urine all night, and says that she has no trouble with her bladder. The lecturer considers that the dilatation had more to do with the cure than the ligation of the hemorrhoids, because the nerves about the anus are more painful than before. If the anal ulcer, resulting from the operation, is slow to heal, it may be touched with nitrate of silver every two or three days, the application to be limited to the ulcer. The application may be painful at first, but it soon obtunds the sensibility. Or we may dust iodoform around the anus. Suppositories are not indicated after this operation, because their introductien causes pain. Iodoform, when too extensively used, may cause toxic symptoms. He had one case in private practice where an anal fissure was benefited by iodoform, but the general condition was made much worse; the patient became pale, was unable to take food, and if the drug had been kept up, would have become bedridden.

Puerperal Septicæmia.

Patient, twenty-two years of age, was admitted October 15 and delivered November 14. The child was large and the labor tedious, and the perineum was torn back to the anus, but the rupture was not deep, that is it did not involve the whole sphincter. It was sewed up, five stitches being used, and she did well for seven days, when she had a rigor and fever. On November 25 she had another chill, followed by a temperature of 104°. On the 27th, there was some pain (not much) in the abdomen. The sutures were removed on the eighth day; the bowels were kept confined, to aid union. Since the patient had done so well for several days and the chill occurred during the constipation, the bowels were moved, when the temperature at once fell to 98° and remained low for two days. It then rose to 106°. The bowels were moved again and the temperature fell to 102°, but did not get below this for some days; there was a continuous high temperature; for the last few days it has ranged from 99° to 102°. The patient has not gained strength, and has lost flesh and color. Some authors claim that when the tear of the perineum extends back to the anus, primary union is almost impossible; but in this case there is very good union, and she has complete control of her sphincters. If this chill had occurred on the second or third day, union would not have taken place, and what slight union might have occurred, would have broken down; but in this case the union occurred before the chill. This woman has suffered from some septic trouble, occurring late; the infection must have occurred after labor; it may have occurred through atmospheric contact, even though the other puerperal women in the ward may have been healthy. A septic poison will often develop in the lochia about the sixth day, and in the wards of a large hospital, there are always more or less germs of disease. This woman's bladder was emptied repeatedly with a catheter, and this instrument may have been the means of introducing the disease. The vaginal syringe, indiscriminately used among hospital patients may also convey the poison. In this case, the abdominal pain was very slight, and there was never any distension, which conditions, while common, are not essential to septic poisoning; for the most malignant cases that he has seen were without these two symptoms; therefore, he advises that we do not lay too much stress on pain and swelling; we must remember that *puerperal fever* and *puerperal peritonitis* are not identical.

In this case, he ordered quinine, twenty to thirty grains daily, in large doses, to reduce temperature. He prefers to give it by the mouth, and if it causes vomiting, he would give it in gelatine capsules; when the secretions are deficient, as they generally are in these septic patients, pills are apt to pass through the alimentary tract undissolved. If, however, vomiting persists, in spite of the gelatine capsules, it may be due to the disease and not the quinine, and in this case, he would give it by the rectum, using one-third more than by the mouth. He also used vaginal injections of corrosive sublimate (one part to one or two thousand, according to the severity of the case,) every three or four hours; if used every hour it would be harmful. The injections should be made at night as well as in the day-time, and the patient should be visited twice or thrice daily. The greatest attention must be paid to details of cleanliness in these septic cases.

If several cases of puerperal septicæmia occur in the practice of the same physician, but where different nurses are employed, the doctor must regard himself as the vehicle of transmission, and it will be criminal for him to continue his obstetric practice, until he has undergone a complete process of disinfection. Dr. P. has never had a serious case in private practice, and this he attributes to his precautionary measures; he always leaves the management of the *details* of his hospital cases to the resident physician and nurse, thus obviating the danger of carrying the germs of disease in his clothing or his finger nails to his private patients. These germs seem particularly fond of woolen clothing, hence such goods ought not to be worn by hospital nurses. Many doctors, even some of the most prominent, are careless about their person, and do not have clean hands and nails. A doctor should keep in his office a solution of carbolic acid (8 to 10 per cent.) or of corrosive sublimate ($\frac{1}{1000}$ or $\frac{1}{2000}$) and make a rule to wash his hands in it, when he returns from his day's work. The instruments should be kept scrupulously clean, using carbolic acid for those of metal, since corrosive sublimate will corrode them. There should be no *epidemics* of puerperal septicæmia in a well-managed hospital.

Suspected Abortion.

Woman, married, no children, never pregnant, never missed a menstrual period until ten weeks ago, when a suppression lasted for seven weeks. She did not think she was pregnant, because she never had been so. Some doctor treated her for

suppression of menses; he gave her some pills, and after suffering for four or five days with cramps and diarrhœa, she had a bloody discharge from the vagina lasting for a week; after a few days, she passed clots. When a person has a long perineum, and is lying in bed, these clots may form in the vagina; particularly is this supposition probable if the clots are not very firm. The history of this case suggests an abortion at the second month. The woman was etherized in order that a proper examination could be made; when not etherized, the abdominal tension is so great that we cannot properly feel the womb. It is important in making these examinations that not only should the sensibility to touch and pain be benumbed (as in surgical operations), but all reflex excitability must be subdued, else the contraction of the abdominal muscles, excited by the manipulation, will interfere with the examination. Upon vaginal examination, the os uteri is not patulous or dilated, as it would most likely be if the uterus retained some products of conception; the cervix is low down; the uterus is enlarged, and on the left of this organ can be felt a fullness and hardness in the region of the left broad ligament, while there is none on the right. Evidently there is a tumor of some kind here. Metritis might keep up this bleeding or the retention of conception products, or there may be a pelvic cellulitis, produced by the irritating action of the pills (most probably aloes and some of the essential oils). This case is most probably (though not surely) pelvic cellulitis, with retention of some of the products of conception. Even where there is not conception, but the menses have been suppressed, and drugs are used to re-establish them, we may have a rupture of a vein in the fallopian tube, with an outpouring of blood, giving us a pelvic hæmatocele; or it may cause bleeding from the uterus, but this is not likely to last so long. This case might be one of extra-uterine pregnancy, for this condition, when it occurs, has usually been preceded by sterility; but in this case the hemorrhage would not be apt to last so long. Dr. P. will introduce a tent, or in some other way dilate the uterus, examine its interior, and if he finds anything there, remove it. After building up the patient's general condition, he will treat the sub-involution, the metritis, the pelvic cellulitis, or whatever else he may find.

DR. JAMES TYSON.

November 29.

Acute Bright's Disease.

Male, aged 38, native of United States, a dyer by occupation. Was generally well and hearty until eighteen or twenty weeks ago, when he had cholera morbus for three or four weeks; he then had chills and fever for eight or ten weeks, of the quotidian type. Three weeks ago he commenced to swell, first in the scrotum, then in the legs, and finally in the face and eyes. He entered the hospital November 15. Though not an absolute rule, yet it generally happens that dropsy from kidney disease is found located *first* in the upper part of the body (as the face), that from the heart in the lower extremities (as the legs and feet), while that from the liver is usually in the abdomen. These are merely guides, there is nothing pathognomonic about them. This patient had no abdominal dropsy, so disease of the liver was put aside. Quite frequently, in the more chronic forms of kidney disease, the swelling may begin in the feet; while in dropsy from heart disease it always does. In this patient the heart is normal. The urine, which is turbid and has a flocculent sediment, contains albumen, tube-casts and blood, which is all that can be said of its physical characters. When examining for albumen, we must remember that heat will not throw down albumen from alkaline urine, unless the albumen be very abundant. However, a precipitate may be thrown down, which is not albumen, but phosphates, but this will be re-dissolved upon the addition of any acid. In this case the precipitate thrown down by heat, does not disappear upon the addition of acid; it merely changes color, due to the liberation of the coloring matters of the urine by the action of the acid; this urine is alkaline, therefore the acid only increases the precipitate of albumen.

In some cases of Bright's disease we will find a very turbid urine, in which there is very little albumen; hence, we should never examine a turbid urine without first filtering it, because the heat may only slightly increase the turbidity that previously existed, and thus mislead us in to believing that there is no albumen present; whereas, if we first filter, thus getting a clear specimen for examination, we can detect very readily the presence of albumen. Sometimes it is impossible to filter the urine clear, because bacteria, and phosphates in very minute subdivision may pass through the filter paper; in such cases, if we add two drops of the ordinary solution of potash to the test tube of urine, heat it, and then filter, it will come through clear. It is important that we should know whether this is a case of *acute* or *chronic* Bright's disease, as this knowledge will bear strongly on the prognosis. The large majority of acute cases will get well if treated simply by hygienic precautions. *It is a popular error that Bright's disease means death*, and especially is this true of the acute form. *The lecturer would rather have chronic Bright's disease than phthisis.* In this case the shortness of the duration of the swelling points to an acute attack, although this swelling has no definite significance one way or the other, because in many cases there is no swelling whatever; it is only one point in the diagnosis. The question can, however, be settled by the microscope. In acute cases there is apt to be a little blood in the urine, enough to make it *smoky*, if the urine is acid, and sometimes there will be a thin layer of blood corpuscles in the urinary sediment; however, other conditions will sometimes produce these phenomena, hence we must resort to the microscope.

If in a case of apparently short duration, we find epithelial and blood casts, besides hyaline casts, it is an acute case. A cast is a mould of the uriniferous tubule, produced by transudation of a coagulable element (like fibrine) from the blood, which, in coagulating, entangles whatever is there; if the case is acute, blood may be in the tubule, and this becoming entangled, we have a *blood cast;* again, in acute cases, the epithelium lining these tubules is loose and ready to shed, so that this fibrinous exudation entangles it and we

have an *epithelial cast*. This epithelium is not only loose, but is undergoing degeneration. If the epithelium adheres to the walls of the tubule, while the fibrinous exudation coagulating, becomes consequently smaller, and slips out of the tubule, we have a *hyaline cast;* this same thing would happen if the epithelium had been shed, but then the cast would have a greater diameter. Hyaline casts are found in all forms of Bright's disease, but more frequently in the chronic form. Blood corpuscles are not so diagnostic as blood casts; we may have any number of epithelial cells in a cast. These cells may undergo fatty degeneration, thus giving us a *fatty cast*. In Bright's disease there is generally, but not always, a considerable quantity of albumen in the urine; in this case it amounts to one-fourth of the bulk of urine. There is but one form of acute Bright's disease, namely, acute nephritis or acute inflammation of the kidney.

Prognosis.—The prognosis of acute Bright's disease is favorable, especially if discovered early. Diminished secretion, or even suppression of urine, may occur, which is a grave symptom; the lecturer saw one case recently, wherein, after seventy-two hours of absolute suppression in a child, complete recovery ensued.

Treatment.—A large number of acute cases will get well, if simply put to bed, kept quiet and fed on milk. The irritability of the nervous system is increased in these cases, hence we must be very careful not to irritate the stomach, by unsuitable food, as this reacting on the nervous system may cause convulsions. Warmth in bed will favor the action of the skin, which will be aided by flannel underclothing. When first called to a case of acute Bright's disease, he gives a brisk purge; it is folly to give diuretics until you have given the purge, because they will not act. The purge may be citrate of magnesia, epsom salts, cream of tartar, or compound jalap powder. After the purge has acted, we can safely favor the action of the kidneys; but before giving any internal remedy for this purpose, he resorts to counter-irritation, with mustard plasters, cupping, or poultices over the loins. Of diuretics, he prefers digitalis, especially the infusion; the tincture is generally good, but is sometimes unreliable. To an adult we may give from two drachms to half an ounce, three or four times a day; digitalis is most useful in large doses at long intervals. To a child of eight years of age, he would not be afraid to give one drachm of the infusion, three or four times a day, carefully watching the pulse, however; when it is brought down, he would cut off the dose. Water is one of our best diuretics; to which the citrate, acetate, or bicarbonate of potash makes a good addition; we may give from fifteen to twenty grains of either in half a tumbler of water every three or four hours; free dilution greatly aids the action of these salts. In most cases this treatment will be sufficient; when complications arise they must be treated. The most alarming of the complications is uræmia. When the urine is scanty or suppressed, we must look out for uræmia, and give brisk purgatives, with diuretics and sweet spirits of nitre to aid the skin in its vicarious function. When convulsions have supervened, of course the patient cannot swallow; if the pulse is full and bounding, he would bleed; only last night he had a case of convulsions, in a boy eight years old, that had lasted for eighteen hours; he took away eight ounces of blood, with most excellent results. Urea-charged blood causes the convulsions; by bleeding we remove some of this urea, and we also relieve the tension of the vascular system. We can also put a drop of croton oil, mixed with a little sweet oil on the tongue. Jaborandi is sometimes very useful; as the patient, under these circumstances, cannot swallow, we must give it hypodermically; $\frac{1}{6}$ to $\frac{1}{2}$ grain of pilocarpine (the active principle of jaborandi) will produce diaphoresis in fifteen minutes. In the adult we may use from $\frac{1}{3}$ to $\frac{1}{4}$ of a grain, though the dose must be regulated according to the physique of the patient, as it is a depressing drug, though Dr. Tyson is fearless of it, since he has never had any accident from its use. To a child of eight years, he would give from $\frac{1}{10}$ to $\frac{1}{8}$ of a grain. It acts so promptly that we can afford to commence with very small doses and repeat them. It may be used by enema—taking two drachms of jaborandi leaves to one pint of hot water, steep for a few minutes, strain and inject four ounces, and repeat in fifteen minutes if no sweating has been produced. He has never known jaborandi to fail to produce diaphoresis.

DECEMBER 6.

Sub-acute Bright's Disease.

Colored boy, 19 years old, has lived in this city for a year, working along the wharves as a stevedore. In August last, he had quotidian intermittent for two weeks. After this his feet began to swell, followed by swelling of the abdomen and face. Abdominal dropsy usually occurs only when the disease is severe, and it always succeeds swelling in the face or feet, or both; hence if found alone, we must look for disease of some other organ, especially the liver. The swelling had existed for nine weeks when he entered the hospital. The urine is very albuminous, and there are numerous casts, bloody and granular, particularly. As already said, well defined blood casts and blood corpuscles mean an acute case. When you find waxy casts, it is more apt to be chronic. Fat casts mean the sub-acute or chronic form, while highly granular casts may be found in either the acute or chronic. This man had blood casts when he entered the hospital, so it is fair to presume he had an acute attack.

Present Condition.—Very slight œdema of lower limbs; none of face; pulse 84; says he feels well; so that since there are no objective symptoms, the urine alone must be our guide in making a diagnosis. It is very pale; sp. gr. 1012 which means that the disease is either sub-acute or chronic. When you hear a person say that the urine contains 25 per cent. of albumen, it is an absurd statement, because the blood only contains 5 per cent.; what is meant is that one-quarter of the bulk of the urine is albumen, which really represents about $\frac{1}{2}$ per cent, so that we should express the relative bulk of albumen, and not its per cent. In this urine he has found hyaline casts, to which were attached leucocytes, granular casts, and compound granule cells, which are the epithelium of the tubules that have undergone fatty degeneration. He can exclude the acute form, but he has not one evidence of a

chronic case. To diagnose the sub-acute form is a nice problem; but he would call this such a case.

Prognosis.—This is comparatively favorable; as the case progresses, the prognosis becomes, of course, less favorable. Malaria seems to be a cause of chronic Bright's disease, and also probably of the acute form; exposure may also act as a cause. The free use of alcohol is often set down as a cause, but Dr. Tyson is not clear as to whether the alcohol or the exposure usually accompanying itsexcessive use is the most potent cause. The impregnation of the system with arsenic or phosphorus, as occurs among those who work in these drugs, is also a cause.

Treatment.—We have no remedy that is a specific cure, no remedy to act directly on the kidney and cure the disease. We must place the patient under conditions favorable for nature to work; rest in bed, protection from cold, and absolute freedom from work, woolen garments next to the skin. Food to make as little urea as possible. Urea is the ashes of the food, that left over unoxydized, to be removed. Milk is the ideal diet for these cases. We may use vegetables freely, if they are well digested. If symptoms are urgent, we must exclude meat; if not, we may use meat once a day, the white meat of poultry preferably, and broths. We must be very cautious in the use of eggs. Eggs can produce an albuminuria, where it does not previously exist, and they act as irritants to the kidneys; in the contracted kidney, they should be absolutely forbidden. We can use fish and oysters. If there is no dropsy, do not use diuretics, although if the urine is very scanty their use may be called for; but they will do no good unless the bowels are free. We should not omit the use of counter-irritation over the kidneys, which may be made with pitch plasters or mustard plasters—to make the latter, mix one part of mustard with four of flour, and *mix* this with equal parts of the white of eggs and glycerine; simply *mix*, do not beat it up. This mixture will be sufficiently mild to be worn almost constantly, and will keep up a gentle, but constant and efficient counter-irritation.

Case 2. Man, about sixty; urine high-colored, sp. gr. 1024. The man says that he does not feel sick and looks the picture of health. He came into the hospital five weeks ago, with swelling of the feet, which he had noticed for two months. He is a carpenter by trade, working up to the time of his admission, being able to do a full day's work up to two months ago. The urine contains albumen (about $\frac{1}{8}$ of its bulk) and a good many hyaline casts; nothing else. These casts have no distinctive value. The symptoms are so vague as to create the suspicion that the albumen may be due to heart disease, but the heart is normal. He has been a regular drinker all his life. Interstitial nephritis is the form of Bright's disease, most commonly caused by alcohol. In this case we can only diagnose contracted kidney. In this form the most important item of treatment is diet. Milk, especially; eggs and *red* meats should be avoided. Counter-irritation is no good here. Iodide of potassium, owing to its repute in absorbing inflammatory products ought, theoretically, to be almost a specific here, but experience proves that it is not. The treatment must be hygienic, paying great attention to keeping up the action of the bowels and kidneys. In *anæmic* cases, iron is good, but the popular notion that iron is indicated in all cases of Bright's disease is erroneous. It is apt to lock up the secretions, produce a condition favorable to uræmia and cause headache.

DR. W. G. PORTER.

Hydrocele; Debauch.

An old man, over sixty, was brought into the hospital in an ambulance in a condition bordering on delirium tremens. His limbs were swollen and his penis and scrotum enormously infiltrated. As he said that he had not passed water for two days, it was supposed that there was a rupture of the urethra and an infiltration of the scrotum and penis with urine. Additional weight was given to this opinion from the fact that the first attempts to pass a catheter were failures. Free incisions were made in the scrotum to let out the urine. A catheter was subsequently passed, when it was found that the urethra was not ruptured, but that the swelling of the scrotum was a hydrocele, which received appropriate treatment. Dr. Porter made some practical remarks on "The Importance of Food" in threatened delirium tremens. Persons who have been drinking heavily, generally eat little or nothing, hence, they are nearly starved. Under the use of milk and beef tea, the tremor will often disappear rapidly. The beef tea should be well spiced with cayenne pepper and salt. In connection with this diet, he would use small doses of morphia (gr. $\frac{1}{12}$–$\frac{1}{6}$), with bromide of potassium (gr. xx). As a rule we can abruptly discontinue the use of alcohol without danger; if there are symptoms of heart failure, we can combat it with ammonia.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY, SEPTEMBER 24, 1844.

Dr. Henry Leffman read a paper on

A Discussion of Some of the Questions of Medical Education and Medical Ethics.

From the valuable volume on medical education published by the State Board of Health of Illinois, we learn that the United States contains one hundred and twenty-three medical colleges, of which ninety-one are classed as regular. The Illinois Board has been an active one, has adopted a list of minimum requirements for admission and graduation, and in conjunction with other State Boards has accomplished much for medical reform, as the following figures will show. Prior to its present organization, thirty of the regular colleges required an admission examination; now fifty-nine require it, and this number will doubtless be largely increased next year. Ten colleges formerly required three courses of lectures; sixteen now require them. The course of instruction has, in many institutions, been improved by the addition of chairs of hygiene and medical jurisprudence. A part of these improvements has been brought about by the natural progress of educational methods, and by the desire on the

part of teachers to add to the attractions of their institutions; but a portion is also in deference to the demands of the State Boards.

A perusal of the volume referred to, in which the requirements and facilities of the colleges are set forth, shows us how very unequal is the character of the education given in different parts of the country. With some of these institutions the course of study must be a mere pretence.

It has been apparent for many years that active measures must be taken for securing reform in medical education. In considering the topic, we must bear in mind the responsible position which the medical man holds in society. He is no longer called upon merely "to give the potions and the motions." Education and legislation, the control of which has for centuries been in the hands of clergymen and lawyers, is becoming largely a medical problem, and the well-informed physician becomes a factor of no mean importance in social progress. At the same time, the requirements of a thorough medical education, in the narrowest sense of the term—that is, a knowledge of disease and its treatment—has become a problem of far greater difficulty than it was a generation ago. A correct and sufficient knowledge of the instruments of precision requires an acquaintance with various accessory sciences. The laryngoscope and ophthalmoscope involve optical principles, the elaborate electrical machinery employed calls for a more than rudimentary acquaintance with mathematics and physics, and the many chemical tests which are required for diagnosis involve a need for some practice in the chemical laboratory. On the other hand, the importance of classical training has been overrated, and in the preliminaries to a medical education it may receive scarcely any attention; but its place is supplied by two of the modern languages, in which so much of the important scientific literature is found.

In offering a synopsis of the directions which medical reform should take, I may conveniently present the topic under four heads: 1, the preliminary examination; 2, the course of study; 3, the method of graduation; 4, the ethical relations.

The preliminary training presents great difficulties. It is nearly impossible to say what amount of actual information would be the minimum which should qualify a young man or woman to enter the study of medicine, and the opponents of the admission-examination system have urged this as an objection, and have spoken about "natural aptitude" in those comparatively uneducated; "rough diamonds," etc., which are likely to be unjustly excluded on account of technical deficiencies. Yet it must be noted that all colleges and high schools conferring degrees other than those of medicine, have always had such conditions of admission, and no one has ever thought the obligation burdensome. I do not think that the requirements for admission to medical schools should include a knowledge of the dead languages, except possibly an acquaintance with the regular declensions of Latin nouns—a degree of information which could be acquired in a few hours; the value of the knowledge is only its bearing on correct prescription-writing. I take issue, therefore, with such conditions as those imposed by Harvard College, which requires the translation of easy Latin prose; and also the schedule of the Medical Society of this State, which imposes a knowledge of this tongue. On the other hand, an elementary knowledge of algebra and geometry is essential to a correct understanding of the teachings of chemistry, electrotherapeutics and ophthalmology, and from practical experience I know that insufficient preparation in these matters has cost many a student a vast amount of labor and study. It is not at all improbable that, as the standard rises, some of the essentials of anatomy and chemistry will be entered among the preliminary requirements.

I must also object to the following requirements in the Pennsylvania schedule: Botany, Logic, Drawing, Greek, Political Economy, and Algebra, except to simple equations. Botany, as generally studied, is a mere accomplishment, and its practical value in medical science is very small. Political economy is, in my opinion, a department of science in which the danger of a little learning is very serious; it has no elements.

We must by all means regard the preliminary examination as a protection to the pupil. It is said that one of the head masters of Eton would not infrequently say to the scholar about to be thrashed, "Sir, this is the office of a true friendship." Pupils do not take kindly to admission-examinations, and it will be more difficult to enforce them in medical colleges, because every one has become accustomed to the unrestricted acceptance of students.

An effort will have to be made to secure for this examination an approach to uniformity among the different colleges. It will not amount to much if each institution is allowed to set up the standard for itself, and to determine privately how far each pupil attains it. It is hinted that in some institutions, which have made great claims on account of their admission requirements, and the diplomas of which have received special privileges abroad, the examination is a mere form. The attitude which the Medical Society of Pennsylvania holds in reference to this topic is very unsatisfactory. For years it has been adopting resolutions and threatening punishment, but it seems never to get its courage up to the point of insisting on reform. These standing resolutions appear to be remarkable for little else than their hollowness and insincerity.

Opportunities for great improvement are to be found in the course of study. It would be curious to know under what circumstances originated the extraordinary method of medical instruction according to which the student is not to know anything, however easy, if he has heard it once, and to know everything, however difficulty, when he has heard it twice. I cannot see that this state of affairs is materially improved by extending the term over three years. It relieves, perhaps, the pressure of study, but it only nominally lengthens the course. It is now generally thought that the science and art of medicine cannot be acquired in two years, and most of the American colleges state in their announcements that the candidate for graduation must have studied three years. The usual plan is, however, to allow these three years to be two courses of lectures, and one year under a preceptor, whose certificate to that effect is generally taken. When it is re-

membered how easy it is to secure such certificates, and how irregular and uncertain is the instruction often given by preceptors, it will be seen that this preliminary year may be a fiction. If a year outside of college is to be counted at all, it should be upon a record dated at the beginning of the year; that is, the pupil should produce evidence of having declared his intention to pursue his studies for a year in a physician's office. I do not think, however, that this matter will require much attention, for the pre-college year will soon be abandoned. Another method by which the study is cut down to short periods and insufficient work is the practice of giving credit at one college for the time spent at another. As a general rule, the evidence of the prior study is merely the statement of the pupil and the exhibition of a full set of tickets. Neither of these is sufficient proof of actual attendance, and even if they were, there would still be no proof of the student's fitness to proceed with the second course. The proper test of the student's fitness to proceed with his studies is an examination. This is the test that non-medical colleges would apply.

The most radical improvement that I have to suggest is that to which I have already referred in a paper before the Medical Society of Pennsylvania, namely, that the full college course should include a recognition of each specialty, and offer the option of pursuing the study of one or more of them, not as side studies or post-graduate courses under junior teachers, but as part of the requirements of graduation. I have compared this plan to that under which the universities give courses of instruction in mechanical, mining, or civil engineering, the option of one or the other being left to the student. The whole tendency of medical practice is towards specialism, and one of the difficulties of maintaining the ethical standard is the constant struggle of specialists to draw attention of the community at large to their lines of practice. Forbidden to advertise directly, they seek methods that are illegitimate. I think it will be admitted that the best interests of the profession and the public are subserved when the patient is directed to the proper physician with the least inconvenience, delay, or confusion. Those who object to specialism forget that the degree of M. D. is itself a special degree, and limits the service of those who bear it. No one objects to the degree of D. D. S., and no one can deny that the value of dentistry has been vastly improved by the establishment of colleges and the creation of the degree. Why should we not multiply these degrees, and so arrange the college courses that each might be conferred on those who prepare for it? Doctor of ophthalmology, otology, or dermatology, may seem strange to our ears, but they are as reasonable as the titles, bachelor of science, of mining, or of music, now conferred by the universities. The *Journal of the American Medical Association* has declared it allowable for a physician to put on his card, "practice limited to such and such diseases," but I do not think that this view has been generally accepted. The proper method to secure recognition is by degrees, which indicate that studies have been pursued which fit the practitioner for the work undertaken. "John Smith, M. D., D. D., S.," is the legitimate manner of showing that the said person has pursued a course of study in general medicine, and then in a special dspartment. I cannot see why "John Smith, M. D. O.," should not indicate the same with regard to ophthalmology. I wish to present the idea that these special degrees should all be in the compass of a regular medical school; the studies for the first year would be the same for every degree; but in the second and third years they should be directed to the end in view. I consider this preferable to forcing all into the same studies, and then resorting to post-graduate instruction as a preparation for practice. Instead of a faculty of seven chairs, it would be more satisfactory to have fourteen. There is no good reason why the instructors of diseases of the eye, ear, or mind and nervous system should not atand on an equal footing with the professor of gynæcology or obstetrics, instead of being, as they now are, mere appendages to some chair, or recognized only as subsidiary summer lectureships. That some of these departments cannot be satisfactorily included within the original chairs, is because they are, for the most part, developments of late years. Sanitary science, psychiatry, and inebriety have become distinct sciences. The first has acquired so much importance that in some States of the Union a knowledge of it is necessary to the validity of a medical degree.

It is not possible to present here all the details of a college instruction, but I think that a few words should be said about the thesis. As a rule, it is of little value. Under the system of preliminary and term examination, it will have less value, for it is now looked upon mainly as an index of general proficiency in orthography and grammar. It would be unreasonable to expect students to produce anything of scientific value. There are, however, some exceptions, and it is not unwise to extend direct encouragement to those who seem to possess the means and desire for original work, and to reward the effort in proportion to its merit. I would, therefore, say that no theses should be exacted, except those that are to compete for prizes, and that after the award is made, all that are deemed worthy of mention should be published.

In this connection I wish to allude to a department of instruction for which there is special need in this country, that is, medical jurisprudence. It is a common opinion that the mere fact of a man being a doctor, fits him for expert service, whereas there is very little attention given to the topic in medical schools. The recent suggestion of Dr. Bronadel, made before the French Society of Legal Medicine, seems most admirable. It is that a regular college, or at least a regular course of instruction, should be instituted in medical jurisprudence, the evidence of proficiency being in the conferring of such a title as Doctor of Medical Jurisprudence. Only persons bearing such title would be competent experts, and undoubtedly in such an arrangement some of the objectionable features of expert testimony would disappear.

I think it cannot be denied that a feeling is gaining ground in the community that the right to practice medicine is one that should be more more completely under State regulation, than at

present. The objects to be sought are, that all practitioners shall be able, and as nearly as possible equally able, and the latter cannot be attained as long as the graduation is made to depend on the standard set up by individual institutions. The transfer of the work of examination to a State Board, and the conversion of the colleges to centres of instruction only, would solve several of the troublesome problems of college management. The faculties would surely not regret the loss of the labor of either the oral or written examination. It would place competent and efficient teachers on a much higher plane than they now are, while it would go far towards crowding out inefficient ones, for each examination would be a record of the manner in which the candidate was prepared. These State Boards should accept any one who could bring certificates of good moral character, proper age, sufficient preliminary training, three years' study under instructors recognized by the Board. Under the present arrangement, a student attending any given college is obliged to take all his instruction from the faculty thereof. If one or more of the professors are inefficient, he must take extra time and spend extra money to get proper preparation. Under the system here advocated, he could select his instructors from the different faculties accessible to him. Such a weeding process would very soon throw out the weak teachers, and form faculties strong at all points, and this surely would be to the advantage of the profession and its education.

A vital question that arises in reference to State Boards, is their relation to the different schools of practice into which the medical profession is unfortunately broken. It is the fear of the homœopathic portion that has in part prevented the establishment of these Boards. They are afraid that they will be used for the purpose of preventing any but regulars from getting into practice. They have insisted on, and I believe obtained in most cases, recognition and representation. I desire not to be narrow or bigoted, but I cannot divest myself of the impression that it is thoroughly absurd to suppose that there can be two systems of therapeutics; but, however this may be, the course to be pursued by the State is plain. The majority must rule, and the system which is most comprehensive must be insisted upon. There can be no question that the majority of both learned and unlearned persons in such a community as ours favors what is known as the regular system. On this ground, therefore, a knowledge of that system should be required for practice. Those who desire to pursue any special system, ought, in addition, be required to pass an examination in the special features of that system.

The adoption of the system of official supervision will be slow, but the profession, especially of the larger commonwealths, has it in its power to anticipate the system in a tolerably satisfactory manner; that is, by means of examinations before committees of the State or County Medical Society, these examinations being in addition to those given by the faculty. One of the New England Colleges already has this plan, and an analogous method has been in use in the College of Pharmacy in this city, a committee of the Alumni Association giving a set of questions covering the principal branches of study.

The vexed question of medical ethics is not a suitable one for general discussion, but I cannot close this paper without expressing my agreement with the views advanced by Dr. Gihon, at the Cleveland (1883) Meeting of the American Medical Association. Times have changed, and medical education has much changed, since the section of the code was written which proscribes as irregular any one "whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry." Under State Boards, all students would be obliged to pursue these studies, even if the different colleges did not have them of their own accord. I am not disposed to advocate consultation with non-regulars, but I think that the ethical error at the present time is, that while many are excluded who only nominally at variance with the requirements of the code, many are admitted who are only nominally in agreement with it. The standard for admission of a physician to professional relations ought to be his moral character and educational attainments. Failing in these, it seems to me he is unfit, though he proclaim ever so loudly his faith in the letter of the law, and sign ever so often a printed promise to abide by it. In the words of Dr. Gihon, "Medical education is the true standard of medical ethics."

I have brought this paper forward with a view of eliciting discussion on all the points, but particularly on those that seem new. To me the fallacies, if any exist, in the arguments, are not observable; but those who approach the question from a different point of view may discern them, and I trust any such weak spots will be pointed out. I expect that it will be urged in objection to some of the schemes that they would involve too complicated arrangements, but I think this is most in apprehension, not a reality. I presented views somewhat similar in a paper read before the Medical Society of Pennsylvania, but of course no opportunity was there presented to discuss it. The question of advance in medical education appears to be attracting more attention in the West than in the East, and we may infer that the reforms which the colleges will not of themselves make will be forced upon them by the official requirements. The Illinois State Board of Health has adopted the following as the minimum requirements to constitute a college in good standing, and the Nebraska State Medical Society, has adopted them as conditions of eligibility to membership.

Conditions of admission.—Credible certificates of good moral character, diplomas of literary college or preliminary examination in English, mathematics, and elementary physics.

Branches to be taught.—Anatomy, physiology, chemistry, materia medica and therapeutics, the ory and practice of medicine, pathology, surgery, obstetrics and gynæcology, hygiene, medical jurisprudence.

Length of courses of lectures.—Two of not less than twenty weeks, and not more than one course in same year.

Attendance.—Regular attendance; absence by

sickness only allowed, and not to exceed twenty per cent. of the course. Examinations by quiz twice a week. Final examination to be conducted, when practicable, by other than professors.

Dissections and Hospital work.—Two courses of each.

Duration of study.—Not less than three years.

The college must show that it has a sufficient corps of instructors and facilities for hospital work.

The points presented for discussion to-night are:

What should be the extent of the preliminary requirements, and how should they be ascertained?

How far should specialization of the course be carried, and would it be feasible to confer special degrees?

Could such a special degree as Doctor of Medical Jurisprudence be conferred, and would it be of advantage?

Would the profession and the community be benefited by a State Board of Examiners, who alone should have power to grant licenses?

If a State Board should be established, do the interests of the higher education require that any but regular practitioners should be represented on it?

In case a student transfers himself from one college to another of equal standing, should he be subjected to an examination with a view to determine his fitness to pursue his studies?

(*To be continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

The Surgical and Orthopœdic Treatment of Infantile Paralysis.

Dr. Bernard Roth read this paper before the last meeting of the British Medical Association.

I wish to refer in this paper to the treatment of infantile paralysis after the acute stage has passed, when it is possible to recognize which muscles are likely to recover more are less complete power, and which will be more or less hopelessly destroyed as far as voluntary contraction is concerned.

It is during this stage, while the previously paralyzed muscles are beginning to recover their power, various deformities of the trunk and limbs are prone to occur, deformities which frequently cause more grief and hardship than the permanent paralysis left, and which yet, with care and perseverance, can be nearly always prevented. The two guiding principles in the surgical and orthopœdic, or after-treatment of infantile paralysis, are:

1. To improve the power of those affected muscles which have still some voluntary power left.

2. To prevent the onset of any deformity, or, if this has already occurred, to reduce it to a minimum.

With reference to the diagnosis of infantile paralysis, this presents little difficulty when the chronic stage has been reached. In all cases a thorough examination should be made of the trunk and limbs; each joint in turn should be examined; and the patient's will is to be strongly urged to exert voluntary contraction to effect all the movements possible in the given joint, *i. e.*, flexion, extension, rotation, etc. By first doing the movements on the opposite limb, if that be normal, he will more readily understand what is required of the partially paralyzed one. When the patient is unable of himself to execute a movement, the surgeon should do it passively, and if there be any contraction or limitation of motion in a joint, this will be at once noticed, and errors of diagnosis avoided.

1. *To Improve the Power of those Affected Muscles which have still some Voluntary Power Left.*—The first thing to be done is to correct the lowering of temperature, nearly always present, of the limb or limbs. If one leg is affected, the parents should be told not to be satisfied unless it is as warm as the healthy one. It will be generally found that, after a night's rest in bed, the paralyzed leg will be perfectly warm. The patient should be quickly sponged all over, on rising, with tepid water, followed by good rubbing and drying, and sufficient extra clothing applied to the affected limb. Loosely knitted woolen stockings, thick cloth leggings, or, best of all, cloth leggings lined with cat's skin, or other fur, should be constantly worn during the day.

Warm baths, temperature 98° to 100° Fahr., for from ten to twenty minutes every evening, are most useful. For young patients of from five to ten years old, a small barrel standing on end answers admirably, as the patient can stand in it up the waist or neck in water if required, and a smaller quantity of hot water is needed. The bath should be followed by a rapid sponging of the whole body with cold water, so that no undue sensitiveness to changes of temperature be induced. If properly applied, the cold sponging produces such a reaction after the bath, that the pale paralyzed limb becomes as red as a boiled lobster.

Next, *massage* or rubbing is specially indicated, and although many medical men employ it, it is seldom practiced sufficiently long daily, or with enough force. Half an hour, or an hour, twice daily, is often hardly enough. In every case the rubbing should be practically superintended by the surgeon for the first time or two. In cases of long standing, more or less of the situation of the wasted muscle is frequently taken up by tenacious adipose tissue, through which the pressure of the rubber's hands has to be transmitted to reach the diminished mass of the muscle.

The rubbing or massage I employ may be roughly classed as kneading, circular friction with the thumb, fulling, and firm stroking down. "*Kneading*" is a combination of grasping, and large pinching and pressure, with the two hands used alternately, one after the other, so that whatever is left of the wasted muscle, is thoroughly squeezed and moved about. As considerable force is required, the skin should be protected from abrasion by lubrication with olive oil, or vaseline, or other innocuous fatty substance.

"*Circular friction by the thumb*" is done as follows: The operator's thumb-end is firmly placed on any given spot, and while considerable pressure is exerted, describes small circles, ten times from right to left, and ten times from left to right. A spot an inch higher or lower, or to one side, is then treated in the same way, and so on until every part of the muscle has been thoroughly manipulated. This method of rubbing is very useful when the space occupied by the wasted muscle is small, as in the case of the anterior tibial muscles, or of the muscles on the anterior or posterior aspects of the forearm, etc. It is, however, equally efficacious for large muscles—for example, the quadriceps extensor of the knee, or the glutei.

"*Fulling*" acts less directly on the muscles, but rather on the whole of the tissues of the paralytic limb; it is effected by a rapid to-and-fro alternate gliding of the two palms on opposite sides of the limb, which is at the same time as firmly compressed as possible. If the leg is to be "fulled," the operator begins close to the groin and gradually works his way down to the foot, moving the hands rapidly to and fro the whole time. The first time, the hands should be on the outer and inner aspects of the leg; the next, they should be placed higher on one side and lower on the other; the third time, this position is reversed; and, finally, the hands are placed posteriorly and anteriorly to the limb. Such a manipulation, for five minutes vigorously carried out, will seldom fail in producing a most wholesome glow, and increased circulation in the blue-looking and chilly limb. A dozen or two firm "*strokings down*" of the leg ends the rubbing.

Even more important than the rubbing or massage is the methodical exercise of those muscles which have partially recovered. Every muscle which is still under control of the will, if it be ever so slight, should be acted upon; for whenever, by a great voluntary effort, a patient can contract a paralytic muscle, an increased amount of power can be obtained by long-continued perseverance in methodical exercise. Medical gymnastics, or so-called "Swedish exercises," where each muscle or group of muscles is made to contract, and then gradually relax, at first actively, and then against resistance by the surgeon, are most efficacious. Although faradization is useful when the voluntary power is very feeble, or not yet present, it cannot be compared to this treatment by exercise, with resistance alternately by the surgeon and the patient.

The following is a short description of some of the simple exercises required in ordinary cases of infantile paralysis. As it is always necessary to have a good *point d'appui*, I shall begin with the proximal joints. If there be any weakness of the spine or thorax, I must refer those interested in the subject to my article, "The Treatment of Lateral Curvature of the Spine," in the *British Medical Journal* of May 13, 1882.

Hip-joint.—The gluteal muscles are by far the most important of the muscles of the lower extremities, for, if their power be left, or if they can be sufficiently developed, the patient may eventually be made to walk, with or without sticks, even if all the other muscles of the legs are utterly wasted. Thus, if the quadriceps extensor muscle of each knee-joint has been lost, the patient may sometimes be able to stand erect or walk, by keeping the knees extended, without any posterior splint, by means of the posterior and crucial ligaments of the joint, with the help of the gluteal muscles, and a slight inclination forwards of the trunk. I have had several patients who were enabled to walk fairly well without any thigh-muscles, front or back, in whom the gluteal muscles had become sufficiently developed under treatment, a back-splint for the knee being all that was required to prevent hyperextension of the knee and consequent relaxation of its ligaments.

An efficient exercise for the gluteal muscles is for the patient to lie prone and to raise the leg, with knee kept extended, from off the ground; if the gluteal muscles are too weak, the surgeon, or the properly-trained assistant, helps the patient by supporting more or less of the weight of the limb, by placing the hand under the front of the knee; this is really an extension of the hip. After a few days, circumduction of the hip from right to left, and *vice versa*, is to be tried ten or twelve times each way. By the time the patient has increased in power, and finds this circumduction easy, its severity can be augmented by the surgeon's hand pressing downwards with more or less force against the back of the heel, or by placing a double bag of shot or bullets over the tendon Achilles. If the abductor muscles of the hip are weak, the simple expedient of making the patient lie sideways, and doing the hip-circumduction with the uppermost leg, will bring them into action. For the flexors of the hip, the same circumduction is to be done with the patient lying on his back and the knee kept extended (if this cannot be done voluntarily, by means of a lightly applied wooden back-splint). The patient can be easily taught to rotate the limb out at the hip, at first if necessary, with assistance, and, finally, against resistance.

Knee-joint.—For exercising the extensors, the patient, lying supine, has the knees flexed, and the legs hanging vertically over the end of the padded table on which he lies; he is requested slowly to extend one knee; if the weight of the leg is too great, the surgeon assists by supporting the foot while the patient voluntarily performs the movement. The flexors of the knee generally escape paralysis, but are easily brought into action by the patient lying prone and trying to lift the foot off the ground by slowly flexing the knee, against the surgeon's resistance, if necessary, applied to the back of the heel.

Ankle-joint.—The patient, sitting, has the leg supported on a chair, with the foot projecting beyond; flexion, extension, adduction, abduction, and circumduction, are executed either volun-

tarily by the patient or passively by the surgeon; if the former, when strong enough, also against the surgeon's resistance. If there be any contraction of the tendo Achillis preventing normal dorsal extension of the foot, passive extension of the foot, with considerable force, should be daily employed; and if there is not sufficient elongation at the end of three or four weeks, tenotomy must be performed. This operation should be avoided, if possible, when voluntary dorsal extension is absent, or so deficient as not to be able to overcome the weight of the foot. Whenever I employ tenotomy, I recommence systematic exercise as soon as the skin-incisions are sufficiently healed, *i. e.*, on the third or fourth day. The previously-learned exercises are found much easier by the patient after the tenotomy, which gives at once greater range of movement. (See my article, Treatment of Non-spasmodic Wry-neck, in the *British Medical Journal* of June 14, 1884.) We now take the upper extremities.

The Shoulder-joint.—The patient lying on the back, circumduction from before backwards is one of the exercises most easily taught, if there be any voluntary power; the elbow and wrist being kept extended, either voluntary or, if that be impossible, by means of a wooden splint. To bring the scapular muscles into action, the patient, lying supine, with the arms down by the sides of the trunk, or abducted at right angles to the body, or extended upwards by the side of the head, is told to resist the arms being brought forwards by the surgeon from either of the positions, and then voluntarily returned to the initial position against the surgeon's gradually yielding resistance, the elbows being kept well extended. The rhomboidei and subscapularis muscles are chiefly brought into action in the second movement with the arms at right-angles to the trunk.

The Elbow-joint.—The upper arm being fixed by the surgeon against the table on which the patient lies, the motion of flexion or extension is easily resisted by the surgeon's other hand, the elbow being either flexed or extended to begin with. Pronation and supination, also flexion and extension of the wrist, present no difficulty if a little time and attention are devoted to carrying out similar exercises to those already described. So, again, the same remarks apply to flexion, extension, adduction, and abduction of individual fingers.

Throughout all these exercises, care should be taken that, while the patient is trying to contract (that is, exercise), he is prevented involuntarily contracting other stronger or normal muscles which should be kept at rest.

2. *To Prevent the Onset of any Deformity, or if this be Already Present, to Reduce it to a Minimum.*—Where one limb is affected, it is most important to prevent shortening of the bones as the result of a less active nutrition as compared with the opposite sound limb. Where one leg has already become shortened as the result of a quicker growth of the healthy leg, before the patient has come under observation, it is nearly always possible to prevent further increase of the difference by religiously carrying out the suggestions already given. It is essential for the prevention of lateral spinal curvature to have the lengths of the two limbs equalized by a thicker sole on the boot of the shorter.

In the upper extremities, where one arm only is paralyzed, it is often most useful to bandage the healthy one close to the body for some hours daily, so as to induce the patient to use the weak arm as much as possible. In all cases, it is essential to stop at once all unnatural modes of progression, such as crawling or walking on the hands and feet, hopping, or running with the legs much flexed at the hips and knees. So, again if there be flat-foot, properly-shaped laced boots, with felt pads, should be precribed, and other special treatment followed, as given in my article, "Early Treatment of Flat-foot," in the *British Medical Journal* of November 18, 1882.

If the toes are much deformed or curled over one another, stockings with toes will be found efficacious. In no case should garters be worn, but suspenders used instead.

With reference to the general health, I attach much importance to milk forming a large element in the food. I strongly advise tepid water enemata, on alternate days if necessary, rather than purgatives, when there is any tendency to chronic constipation. The patient should be in the open air for several hours daily, and should always remain in the best possible positions, whether sitting or lying.

I have not referred to the subject of division or excision of tendons for shortening partially paralyzed muscles, as I have not yet seen any cases in which this treatment appeared likely to be of the slightest use.

Prognosis.—If there be ever so small an amount of voluntary power left, some improvement should be obtained by a month's treatment, and a very decided and marked improvement by the end of three months. Afterwards, the friends, having been properly trained, as well as the patient, can carry on the treatment almost as successfully at home for as long as is necessary.

Diarrhœa, or Intestinal Catarrh.

Dr. Robert J. Lee thus writes in the *Medical Press and Circular*, November 5, 1884:

It is the commonest malady of infancy and childhood; the one that in family practice we are required most frequently to treat. To do this successfully we must have clear ideas upon its pathology, and be guided by judgment and experience in the details of treatment. In the history of most cases you will find as a rule that the illness began in a distinct and rather sudden way. It is true that some weeks or longer may have elapsed since that time, and that you have to deal with a diarrhœa that has become chronic; but this is a condition that has generally succeeded to an acute attack. The cause is usually exposure to cold, and such exposures occur more frequently in hot than in cold weather. Exposure of the feet, legs, and lower parts of the body of an infant is more likely to occur in hot weather, from the fact that these parts are but little covered in the summer time, and are much less protected than the parts above the waist. The sudden attacks to which children seem to be very liable when at the sea-side are due in by far the greater number of instances to cold, induced by wet feet or paddling in the sea. These attacks are serious.

The inflammation and diarrhœa are active, the pain is often great, there is much straining and spasmodic contraction of the bowels; there may be discharges of blood with the mucus, and there is often prolapsus of the bowel. The prostration caused in a few hours may be very marked, and all the conditions which you are called upon rather suddenly to deal with may present the most serious aspect. For these reasons it is very important, as I have said, to have clear ideas upon the nature and proper treatment of such sudden attacks. When the case has changed its character, and the symptoms after some abatement have assumed a chronic form, it is still important to know how to treat them.

The disease may be regarded as an acute catarrh of the intestine. The contents of the bowel are first discharged, then there is an abundant escape of watery, bilious fluid, which probably flows from the great and small glands which excrete into the bowel; then the mucous membrane suffers, and while the quantity of the discharge is diminished, its character changes to a thick glairy mucus, often tinged with blood. At this stage the pain from spasm and straining is most severe. These stages may succeed one another rapidly, that is, in twenty-four hours or less. Each time that milk or other food is given, in a few minutes there is spasm, and in common language, "everything runs through the child." Although it takes fluid eagerly, the stomach generally refuses to retain it, and if some passes into the bowel, much is rejected by vomiting. Such an attack as I have described is a severe one, and more rare than less acute attacks, but in each the conditions and symptoms are similar, and only differ in degree. Improper food, acid milk, or if an infant is being suckled, some derangement of the mother's health, may cause intestinal catarrh. Under these circumstances, the attack is generally less acute than when cold has caused it.

You may form some idea of the condition of the bowel from the appearance of the prolapsed rectum, two or three inches of which are often everted, and are seen to be red, congested, and covered with glairy mucus.

If you leave a child in this state alone, without treatment or food, the acute inflammation may subside in the course of a few days, but the catarrh generally continues for some time, varying according to food and other circumstances. But the question we have to decide is what is the best treatment. If you follow a certain routine practice, you will order some carminative draught, of no very active property, with perhaps a gentle opiate. Such treatment will not do any harm. At the same time it won't do much good. Opiates will not stop the diarrhœa or spasm. Half measures are of no use in these severe cases. The most important agent for the relief of the symptoms is heat. The child should be placed in a bath of temperature 100° or higher, and kept in the bath for half an hour or longer. On taking it out, a large linseed poultice should be applied to the abdomen, warm bottles placed in the cot, and the child left thus for two hours or so, when the poultice should be renewed. A powder composed of two grains of calomel and one of Dover's powder should be mixed, and if the child is under twelve months old, one-third should be given every four hours. If the age is above twelve months, one-half the powder should be given, and repeated in six hours.

In the former case two powders may be sufficient. The administration of the third powder will depend upon circumstances to be judged of by the medical adviser.

Before giving the second powder, the child should be again put in a hot bath, and the poulticing repeated as before. Nothing more to any purpose can be done during the second twelve hours. At the end of twenty-four hours a small dose of castor-oil with a few drops of compound tincture of camphor should be administered, and the poultices renewed every four hours or so.

With regard to food, it is better to give little, if any. Some well-boiled arrow-root and milk, thinly mixed, may be tried, but if the stomach rejects it there is no use in pressing it. It is very usual to order brandy and milk; but there can be no question, judging by experience, that brandy is harmful and apparently irritating to the mucous membrane. I have seen such opposite kinds of treatment adopted in cases of acute intestinal catarrh, that from the ill success of others I have formed the very decided opinions I entertain, as much as from the success of the plan I am advocating. It is the old-fashioned plan of treatment, and it seems to be one quite consistent with the pathology of the disease.

I have heard of ice being applied to the abdomen and cold compresses, with results by no means satisfactory.

During the week following the attack we have been considering, great attention must be paid to diet. Arrow-root and milk and water, or some such farinaceous food, is preferable to beef tea or or other animal fluids, however much disposed we may feel to try to restore the child's strength by the latter means. We must wait till the inflammation of the intestinal mucous membrane has subsided before animal fluids can be borne. During this week it is proper to administer every night a powder composed of a grain or a grain and a half of hyd. c. creta, with a third or half a grain of pulv. Doveri, according as the child is below or above twelve months old. This plan of treatment may seem rather active, but it has the advantage of restoring the bowel quickly to its healthy condition, and of preventing the chronic diarrhœa which so commonly succeeds the attack.

If several weeks have elapsed before the child comes under your care, and its usual kinds of food have been tried without success, you will find that the best plan of treatment is to deal with the case very much as though you were treating the acute symptoms; but instead of calomel, let grey powder be given in two-grain doses for two or three successive nights, and then follow the plan recommended during the week succeeding an acute attack, not forgetting the occasional hot bath and the poultices to the abdomen.

When the mucous membrane has suffered for some time, it is highly probable that the mesenteric glands will be secondarily affected, and the nutrition of a child is thus seriously impaired. Flatulent distension of the bowel prevents us from detecting any enlargement of the mesenteric glands; nor, indeed, is the glandular enlargement as seen in post-mortem examinations so de-

cided as to allow itself to be diagnosed during life. The glandular inflammation passes through the ordinary stages of hyperæmia, as seen in typhoid fever, then of diminution of redness with change of color to a yellow tinge, due to fatty infiltration, and this state may continue for many weeks, until the gland ducts are again free. In scrofulous children the glandular inflammation extends to the stroma of the glands, and the more or less ordinary forms of tabes mesenterica are developed. It is very generally imagined that the condition of chronic catarrh is to be relieved by change of diet; and thus we find parents, particularly in the better classes of society, expending much trouble to little or no purpose in trials of the various infant foods of popular reputation, or, if the child be very young, in hoping for some advantage from the wet-nurse. Whatever may be the diet, the process of digestion must be imperfect while the morbid condition of the intestinal canal exists, and this condition requires to be treated by appropriate remedies. We may be sure that if some such simple system of feeding as, for example, that recommended in the "Rules" given to patients at this hospital, be not satisfactory, no kind of food will succeed better; at least, such is the result of my own observation. When the mucous membrane has recovered itself, when the diarrhœa and spasm have ceased, and simple food is being fairly well digested, we may begin to administer some stimulating tonics, such as the dilute mineral acids with iron and quinine, or with small doses of some vegetable aperient, such as rhubarb or jalap. As a rule, the acids are more suitable than the alkalies, although the flatulence and acid fermentation which is the apparent cause of the flatulence would theoretically suggest the administration of alkalies and carminatives.

It is well to give special directions that the abdomen should be covered warmly with wool or flannel, and that the legs and feet should be carefully protected from cold.

I have only attempted in these remarks to give a general view of the causes, pathology, and treatment of intestinal catarrh, and beg you to consider it as merely a preface to further details, which clinical examples from among the patients here will afford the means of illustrating.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two gynecological articles by Dr. E. S. M'Kee, of Cincinnati, are on "Irregular Contraction of the Uterus," and the "Membrana Virginitatis." The latter is an interesting discussion, but rather literary and forensic than medical.

——The therapeutic value of permanganate of potassium is examined by Dr. Roberts Bartholow in a reprint before us. He assigns it a high position, but rather from the opinions of others than his own observation.

——A very sensible pamphlet is that by Dr. J. J. Levick, on the treatment of typhoid fever. His method may be seen from his closing words:

"I am bound to say that whatever of success I have met with in the treatment of typhoid fever has been in direct proportion to the simplicity of that treatment. Attention to minuteness of detail, both in what I do myself and in what I order to be done by others, frequent visits to the sick, constant vigilance with respect to diet, the avoidance of all harsh and dangerous drugs, and the use of such simple medication as has here been indicated, have, in their results, been sufficient to satisfy me in the past and to make me hopeful for the future."

——An interesting operation is described by Dr. Wm. S. Forbes, of this city. It is the liberating of the ring finger in musicians by dividing the accessory tendons of the extensor communis digitorum muscle. It is described, with cuts, in a reprint from the *Proceedings* of the Philadelphia County Medical Society.

BOOK NOTICES.

A Practical Treatise on Massage: Its History, Mode of Application, and Effects. By Douglas Graham, M. D. New York, Wm. Wood & Co., 1884.

The subject of massage has been one toward which the attention of the profession has been directed more and more of late years. As a therapeutic measure, it has been growing steadily in favor. A careful monograph on it has long been desired. We mean one written from a physician's point of view. This is presented in the volume before us. It gives the history of the process, its mode of application, its physiological effects, and its appropriateness in various diseases. Of course, the author is enthusiastic on his subject. He pushes its utility further than most will assent to; but the range of its value is certainly large, and he does well to insist upon it.

The Philadelphia Medical Register and Directory for 1884 and 1885. By William B. Atkinson, M. D. 8vo., pp. 259.

This exceedingly useful and well-arranged directory appears in its annual visit on our table. It is an indispensable adjunct to every physician's office in this city, as nowhere else will he find so many points about professional matters, which he requires to know, as in this handy volume. The editor is fully aware of just what doctors want to learn about the city of their residence, and presents it to them in the neatest manner.

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THE NEW SCHOOL OF BIOLOGY.

As we intimated some time since a school of biology has been for some time in contemplation in connection with the University of Pennsylvania. This contemplation has now become a reality. The new building is a plain, two-story red brick structure, near Pine street and Woodland avenue. The laboratories, library, and private rooms for the professors are all on the upper floor. The first floor is divided into lecture theatres, working rooms and museum, while in the basement is a large, dry storage room, an aquarium room, a live-stock room, and apartments for the janitor. The rooms are all well lighted with large plate-glass windows, and well ventilated. The prime object of the school, which will be under the direction of Dr. Joseph Leidy, the most eminent of American biologists, is the encouragement of individual and original biological research. All the best-known methods will be employed in teaching, a capital library has been loaned by Dr. Horace Jayne, and the professors themselves are all known enthusiasts. This biological department is the only one in America that has rented a table at Dr. Dohrn's celebrated zoölogical station at Naples, Italy. Dr. Dohrn, a German biologist, was struck with the richness of the fauna in Naples Bay, and, after considerable effort, he succeeded in establishing a school, or rather a station, at which eminent scientists from all the principal universities in Europe may study. Dr. Dohrn makes a request that each scientist should write a treatise on the subjects of his study, with the result that a highly valuable series of works is annually given to the world. Dr. Charles Dollay, of Rochester, New York, at present represents the Philadelphia Biological Department at the Naples station and part of his duties consists in keeping the department constantly enlightened as to new discoveries and developments. The course of biology is one of a number, a choice of which is necessary to obtain the philosophical degree.

The new department was formally opened December 4th, in the presence of the faculty, Board of Trustees, and a number of prominent clergy-

men, Provost of the University William Pepper, M. D., LL. D., presiding.

Professor Harrison Allen, in his opening address, said: "The aim of this department is to encourage original research in biology, by offering facilities to scientists engaged in investigation and by giving instructions to advanced students prosecuting special work."

Continuing, he said that the biological department claims to be more than a department of the University. It is the only institution of the kind in the country. It will, it is hoped, be received as a distinctively Philadelphia enterprise, whose plan of work is entirely separate from that undertaken by any other organization. The biological department needs for its successful maintenance $100,000. It is not designed in the meaning of the term maintenance to make easy places for men of elegant attainments, to make "bug hunters," "bachelor butterflies," or what you will, but to diffuse knowledge of the natural sciences that will gladden the mind. We know that this assistance must come from the few, but we hopefully appeal to the intelligence, to the culture, of a great community noted for its good will to men.

Already thirty students have enrolled themselves on the books of the school, which opened for general study on Monday, December 8th.

THE LANCASTER CREMATORIUM.

Elsewhere in this issue we note the dedication of the Lancaster Crematorium, which was formally opened November 25. The views of sanitarians are decidedly in favor of cremation, as being the most hygienic method of disposing of the dead, while only two objections have been urged against it; the one a sentimental objection on the part of surviving relatives and friends, and the other, from a medico-legal standpoint, fearing that the incineration of the body would destroy the evidences of the poisoning in criminal cases. While there is some force in this latter argument, yet the hygienic advantages to accrue from cremation so far outweigh the objections, that we have no doubt the practice will eventually become very common in this country.

We must remember that there are two sides to every question, and that the advocates of either side can always find arguments to sustain, or at least to support their cause; but we must also remember that it is the judicial province to decide on the relative merits of the various arguments. In this matter of cremation, sanitarians are the proper judges; and they decide that cremation is the best method of disposing of the dead—that it entails far less risk upon the living than does the method by inhumation.

The instructions issued by the Lancaster Crematorium are as follows:

"1. *Application.* All applicants for cremation of bodies must present a certificate of death, signed by the physician attending during the last illness, whose standing as a reputable practitioner must be attested by a magistrate or notary public. A blank for this purpose will be furnished by us; but in lieu of this, the certificate of the health officers of cities, in legal form, will be accepted.

"2. *Preparation of Body.* The body should be dressed in a shroud of cotton or linen fabric, being particular to avoid all metallic substances—hooks, buttons with metallic eyes, etc.

"3. *Coffin.* The body should be enclosed in a plain wooden coffin, or what is preferable, in a coffin made of sheet zinc; being particular to make the coffin no larger than is needed to contain the body.

"4. *Shipment of Body.* To avoid unnecessary expense, when accompanied by friends, a passenger ticket should be purchased for the body, which is then shipped as baggage, not by express.

"5. *Religious Services.* When religious services at the time of cremation are desired, we will arrange for them with some one of our city pastors, if timely notice is given.

"6. *Cost.* The cost of incineration is $25. The additional expense of conveying the body from the depot to the Crematorium, services of undertaker, one coach for friends accompanying the body, and a plain receptacle for the ashes, will aggregate $10. This amount ($35) must be received by us in current funds, postal order, or certified check, before the body is cremated. A hearse will be furnished when desired, at $5, and additional coaches when needed, at $3 each. Urns to receive the ashes will also be furnished when

desired, as soon as arrangements now in progress are completed."

The officers of the society are D. G. Eshleman, esq., President; Rev. J. Max Hark, Henry Carpenter, M. D., Vice Presidents; H. C. Brubaker, esq., Corresponding Secretary; J. D. Pyott, Clerk; Geo. K. Reed, Treasurer; M. L. Davis, M. D., J. D. Pyott, H. C. Brubaker, esq., Executive Committee.

PHYSICAL CULTURE IN THE UNIVERSITY.

The University of Pennsylvania has taken a step in the right direction, and has placed the seal of its recognition upon the science of "hygiene," by establishing among its many notable improvements, a department of "Physical Culture."

Dr. J. William White has been elected by the trustees to preside over this new department, and his selection is a most assuring guarantee that this very excellent departure will not be allowed to slumber. Dr. White is a believer in the equal distribution of mental and physical exercise, and he thoroughly realizes that "all work and no play will make Jack a dull boy."

"Our idea," says Dr. White, "is to have each student a better man physically as well as mentally at the time of his graduation than he was when he matriculated. My duties will be to examine each man at the time of his entry into college to see where he needs physical development. If, for instance, he is weak in the muscles of the back, the course of training recommended to him will be the rowing machine in winter and the Schuylkill in summer; not that I mean by this that he should train for a race. If his chest is flat and general pectoral development beneath the normal, he will be advised to try the parallel bars.

"You see the point here. An ordinary trainer would pick out the man for the boat who didn't need it, and vice versa. Another branch of the work is that although statistics prove that most college athletes live to a good old age, the fact remains that there are some cases of over-training. We don't want any men to go from our crews or our teams with hypertrophied hearts or diseased lungs. We shall see when a man comes from a half-mile training run how it affects him. If it leaves him in bad condition, the trial can be shortened or enjoined altogether. The plan will go into effect immediately, or, rather, as soon as I have returned from Harvard, where I am going soon to observe its workings there."

"How do the students take to it?"

"Very well, I believe. I am President of the University Athletic Association, and have means of knowing what their opinion is."

We congratulate the University on this progressive step, and fully agree with Dr. White that the students will take very kindly to it.

THE ANTI-VACCINATION OUTCRY.

In spite of the absolutely overwhelming testimony proving that vaccination, properly performed and repeated as required, is a preventive of smallpox as complete as can be desired, and that its ill effects are so rare and so slight that they do not have the weight of a feather in comparison, there are yet blind agitators who oppose and condemn this grand discovery.

One such, by name Tebb, has been writing from London to the *Times-Democrat*, and other western papers, repeating the oft-confuted statistics of the anti-vaccinationists, and dragging forward the bugaboo of vaccino-syphilis. Any such statements made in Great Britain would receive prompt contradiction on the spot. Therefore they are sent to journals thousands of miles away, and to those which are not edited by medical men.

We brand all statements to the effect that vaccination has not been efficient and protective in England as false, and we can prove our assertion by any reputable English journal. As for the nonsense of vaccino-syphilis, not one practitioner in twenty, either here or in England, ever saw a case of it.

—Vienna has been chosen as the place where the next International Hygienic Congress will take place, in 1886.

Notes and Comments.

Subscriptions Falling Due.

With the beginning of the year, many subscriptions will fall due. It is our hope that all our subscribers will renew for the coming year. With our enlarged form, printing thirty-two pages in each issue for most of the year, each page containing, on an average, over one thousand words, the Reporter gives, in quantity, as much medical reading as the ordinarily busy physician can digest, with regularity, every week. That, in quality, it is fully up to his legitimate demands, has been, and shall continue to be, our faithful endeavor.

It greatly aids our labors if subscriptions are paid promptly. We earnestly ask our friends to remit to us as near January 1st as possible. We pay cash as we buy, and hence it becomes absolutely necessary for us to ask the subscription *in advance*. We hope that this one general request will be sufficient for all.

The Relation of Certain Diseases of the Eye to Gout.

Mr. Jonathan Hutchinson chose the above as the title for "*The Bowman Lecture*," delivered before the Ophthalmological Society of the United Kingdom, November 13, 1884, and after noting several diseased conditions of the eye which he considers gouty in their nature, such as "*Hot Eye*" (see page 721), "*Transverse calcareous bands of the cornea*," "*Arthritic Iritis*," "*Cyclitis*," "*Neuritis*," "*Glaucoma*," and "*Retinitis Hemorrhagica*," he thus concludes:

"And now, gentlemen, as my last word, I do not know whether I have to defend myself in the eyes of any of you from the charge of 'seeing gout in everything.' I am well aware that this diagnosis is a very easy one, and seductively ready at hand for the idle prescriber. I submit, however, that it has not been exactly in that temper that I have brought before you the statements which I have made this evening. My desire has been to state the issues explicitly, and to keep close to facts. Where statistics were admissible, and obtainable, I have had recourse to them. I may assert that I have said nothing but what has been based, not only upon clinical observation, but upon clinical note-taking, and the subsequent collation of cases. Nor, I contend, have I made any very sweeping statements. So far from my having exceeded the truth, my conviction is that when our clinical pathology shall be more advanced, and diseases more minutely classified, we shall in all probability recognize as gouty yet other maladies, and perhaps not a few beyond what I have claimed. It is a subject upon which skepticism is as irrational as credulity. That the gouty constitution exists, and is very common in our English population, that it is potent in the production of disease, and that it is remarkably hereditary, are facts which no one will doubt. In relation to the multiform diseases of the eye it must have a domain, and that an important one. To discover some of the extensions and limits of that domain has been the object of my best endeavors to-night."

Atrophy of Optic Nerves, Treated by Hypodermic Injections of Nitrite of Pilocarpine.

A man who had for a long voyage been exposed to a vapor-charged atmosphere, whose temperature ranged from 110° to 120°, but in whom there was no history of syphilis, rheumatism, excessive smoking, or sexual excesses, complained of a disinclination for work, took no interest in anything, and ate but little. He had no pain in the head, no diplopia, was not sick, did not vomit, and did not experience loss of sensation in any part of the body. After landing from his voyage, he observed a dimness coming over his sight, which gradually increased. For twenty-one months, he was treated with phosphorus and strychnia, phosphoric acid and tincture of the chloride of iron, with friction on the forehead with compound camphor liniment, all without avail. Finally, Dr. David McKeown, who reports the case in the *Brit. Med. Jour.*, November 8, 1884, decided to give hypodermic injections of the nitrate of pilocarpine (ranging from $\frac{6}{10}$ to $\frac{1}{2}$ grain) daily. Under this treatment the improvement was marked, and Dr. McK. concludes by saying: "This seemingly hopeless case, which has, by what is certainly not a recognized method of treatment, given a most gratifying result, suggests the following conclusions: 1. There are probably some cases of atrophy of the optic nerve in which the hypodermic injection of pilocarpine would prove a valuable addition to the recognized methods of treatment. 2. These injections may, in suitable cases, be continued daily, for a long time, without lowering the patient's health. 3. Strychnine and pilocarpine may be administered subcutaneously at the same time."

Treatment of Ingrowing Toe-Nail.

Since we have recently published several notes on this subject, which differ in substance from the views which Dr. J. Walton Browne publishes in the *Brit. Med. Jour.*, November 1, 1884, we deem

it well to cover the ground by reproducing the principal points of his article:

"The common mistake made is to blame the nail. The nail is not at fault, but the skin surrounding this becomes thickened, hypertrophied, and ulcerated, and grows until the nail is overlapped. Granulations then spring up, from which an irritating discharge proceeds. I need not recount the various operations which have been described by Sir A. Cooper, Mr. Hutchinson, and other surgeons, for the relief of this affection.

"The operation which I advocate is that introduced by Mr. Stilwell, of Epsom, and mentioned in the *Brit. Med. Jour.* of 1872, and consists in removing with a scalpel all the granulations and hypertrophied skin, together with a large portion of the surrounding sound structures, skin-deep from the side of the toe, sometimes making an open wound nearly one inch long by three-quarters of an inch wide. I generally apply to the wound pads of lint saturated with compound tincture of benzoin.

"By this operation all the diseased parts are removed at once, and a clean healthy wound left to heal by granulations. As cicatrization proceeds, contraction takes place, and leaves the nail perfectly free, which has no longer any material into which it can be pressed.

"I have practiced this operation many, many times with most gratifying results, no recurrence having taken place in any of my cases, which is common enough after the usual methods adopted."

Stretching of Lingual Nerve for Neuralgia of the Tongue.

The *Brit. Med. Jour.*, November 15, tells us that Mr. Clement Lucas operated for the relief of extreme neuralgia of the tongue, at Guy's Hospital, on November 11, by stretching the lingual or gustatory nerve. He pointed out what he believed to be an original observation; that, if the tongue be seized at the tip, and drawn forcibly out of the mouth and to one side, the lingual nerve of the opposite side is made to stand out as a firm band beneath the mucous membrane on the side of the tongue, where it can be readily felt and secured. The operation was performed as follows: A suture was placed through the tongue to the right of the septum, by means of which the organ was drawn forcibly out, and to the left side. A sharp-pointed hook was then pased under the nerve to fix it. The mucous membrane was next divided over the nerve for about half an inch, so that it could be readily seen, and an aneurism-needle having been passed immediately under the nerve, the sharp hook was withdrawn. The nerve was, in this way, easily reached and stretched.

Nitrite of Amyl as an Antidote in Strychnia Poisoning.

Dr. Hobart A. Hare publishes a paper on this subject in the *Boston M. and S. Jour.*, November 20, 1884, which thus concludes:

1. Nitrite of amyl does prolong life in strychnia poisoning, although its action is so fleeting compared to that of its adversary, that it can only be used to tide over the patient until more persistent remedies or antidotes, such as potassium bromide, or chloral, can be administered.

2. That it cannot be used by inhalation as an antidote with any chance of security from a fatal termination, owing to the facts regarding expiration before stated.

3. That the longer the nitrite is given after the strychnia the less good it will do, *provided* the strychnia has already shown itself by convulsions or otherwise. This is true not because the nitrite is less powerful after the first convulsion, but because death is more apt to come before the nitrite can fully act.

4. That the nitrite has to be given in such quantities and at such times that its full physiological action be present constantly, otherwise in the instant which may supervene between the after effects of one dose and the beginning of the next the patient may die.

5. That in cases of strychnia poisoning, the nitrite of amyl being used as an antidote, an injection of the nitrite should be given, and the patient kept moderately under its influence by inhalations until other remedies are obtainable.

Inflammation of Limb Relieved by Ligature of the Main Artery.

Before the Sheffield Medico-Chirurgical Society, (October 9, 1884), Mr. C. Atkin read the notes of a case occurring at the infirmary, in the practice of Mr. Favell, in which he had ligatured the brachial artery for secondary hemorrhage after amputation in the upper third of the fore-arm, with an immediate marked effect on the inflammatory condition of the stump. Though the flaps healed externally by the first intention, the whole limb went into a state of over-reaction after the amputation, and a general arterial oozing occurred on the tenth day. After ligation of the brachial artery, the hemorrhage ceased; and the limb, which before had been swollen to twice its natural size, dark, red, doughy, and semifluctuating, resumed its normal form and color in a few hours.

Mr. A. Jackson remarked that deligation for the arrest of disease was first performed in England by Mr. Favell, at the suggestion of Mr. G. A. Brown, then the house-surgeon of the infirmary, and now of Tredegar. Mr. Brown had had a case in which sloughing phagedæna of the palm had been arrested by the ligature of the radial and ulnar arteries for hemorrhage.

The Hydrochlorate of Cocaine in Genito-Urinary Procedures.

In the *N. Y. Med. Jour.*, December 6, 1884, Dr. F. N. Otis tells us that as the result of his own experience and that of others, he thinks that it will be proved that the greatest good will come from the use of the cocaine in the cases of irritability of the deep urethra associated with prostatic disease. In these cases the passage of a catheter, so essential to the comfort and even the life of the patient, is frequently rendered painful, and not rarely impossible, by spasm of the deep urethra. The use of cocaine promises quickly to reduce both the pain and the spasm, and allow of the easy passage of the instrument, and this, too, by a procedure quite within the province of an intelligent patient to use after proper instruction. A 4 per cent. solution of the hydrochlorate of cocaine in almond-oil makes an excellent lubricant for urethral instruments, and he thinks it may prove even better than the watery solution for applications to the urethra. Its use in this way, in a few cases, has been very satisfactory.

The Communicability of Consumption.

The question as to whether consumption is communicable or contagious has been very frequently discussed and answered both affirmatively and negatively; so that it seems to-day to be an open question. A still further contribution is made to the subject, by Dr. G. W. McCaskey, in the *American Practitioner* for November, 1884, who thus summarizes his conclusions:

"The inoculability of tuberculosis having been admitted, and the exact nature of the virus clearly demonstrated, its communicability by contact becomes more than probable. The sputum having been shown under certain conditions to contain the bacilli, constitutes when dried and pulverized a part of the atmospheric dust, and its inhalation is *certainly a possible cause of pulmonary phthisis.* To guard against these dangers the breath of consumptive patients should be carefully avoided, and the sputum of such persons systematically destroyed by burning or other efficient means."

Potassium Bromate in Epilepsy.

Before the Philadelphia Neurological Society, Dr. Guy Hinsdale made some remarks on this subject, saying:

"Bromate of potash, $KBrO_3$, resembles in some respects chlorate of potash, while retaining the characteristics of bromides. It was used in the Spring of 1881, by Dr. Weir Mitchell and Dr. Hinsdale. The latter made a personal test of the substance, and found that doses of ten, twenty, and thirty grains, three times a day, slowed the pulse decidedly, and depressed the heart, the larger doses causing purging and drowsiness. A single dose of forty grains caused watery discharges from the bowels and drowsiness.

"In the nine cases of epilepsy its use was satisfactory in only one; doubtful in two; unsatisfactory in six. The drug is such an irritant poison, and depresses the heart to such a degree that the substance had to be discontinued in most cases, although it evidently controlled the seizures."

Ichthyol in Eczema.

Since this disease is so obstinate, it will be interesting to note that Dr. Alex. J. Sinclair reports in the *Brit. Med, Jour.*, November 22, 1884, that he has treated several cases fairly well with this drug. However, its use may be attended with some danger, as the following case would indicate. The patient was a child four months old, suffering from chronic eczema of the head and extremities. He directed that an ointment, made up of one part of ichthyol to five parts of vaseline, should be rubbed over the parts affected. Within two hours of the application, the child sank into a stupor, from which he could with difficulty be roused. This condition lasted for twelve hours, during which time he was unable to suck, and could with difficulty be made to take nourishment. However, his recovery was complete. Dr. S. would like to know if others have met with a similar case, and if these unusual symptoms can be accounted for.

Cigarette Smoking.

There seems to be an opinion somewhat prevalent that cigarette smoking is more injurious than when tobacco is used in other forms. A query as to the reason for this, in the *Brit. Med. Jour.*, is thus answered by Dr. W. A. Sinclair:

"I tkink I am right in saying that it is not the tobacco, but the paper used in rolling the tobacco.

"I have at present under treatment two cases, both cigarette-smokers, who complained of severe pain down the middle line of the sternum, with

anxiety, especally at night when in bed, and which was particularly relieved by a high pillow. In both cases, I could not make out any heart affection, and treated them both with fifteen-grain doses of the trisnitrate of bismuth, and advised them to stop smoking cigarettes. In two days they were relieved of all symptoms. I have never seen any injurious effects from cigarette-smoking when the skin of the upper part of the rupa palm-leaves was used instead of paper."

Paracentesis as a Therapeutic Agent.

Dr. W. Henry White publishes a paper on this subject in the *Brit. Med. Jour.*, November 1, 1884, in which he thus recapitulates his principal points:

1. In pleuritic effusion, early evacuation of the fluid is advocated by the siphon principle, discarding the aspirator.

2. In empyema, pus should be withdrawn at once, by the siphon or by the respirator, with the use of the manometer, and the pleural cavity irrigated.

3. Incision is called for where large empyemata have existed for some time in old or rigid chests, or where irrigation, having been practiced several times, has failed.

4. Where incision fails to effect a cure, resort must be had to resection of ribs.

5. Paracentesis, with drainage, should be employed in the treatment of lung-cavities.

The Diagnostic Value of Hot Urine.

Though we very much doubt its practical utility, yet we note from the *Deutsche Med. Zeitung*, August 14, 1884, that Dr. F. Betz says that the urine participates in the temperature of the bladder, which in itself does not develop heat. The temperature of the bladder, as well as that of the urine, can be altered, however, by the temperature of surrounding parts, which communicate heat to the bladder, and the urine contained in it. This occurs in inflammatory processes in the pelvis, and in the peritoneum not covering the pelvis, as in the loops of bowel lying in the cavity of the pelvis. When a patient complains of hot urine, and cystitis is excluded, inflammation somewhere in the neighborhood of the bladder is indicated.

Cocaine in Intra-Laryngeal Operations.

Dr. Felix Simon reports the following instructive case in the *Lancet*, November 22, 1884:

"I have under my care at the present time a lady with the largest papillomata of the larynx I have ever seen in an adult. The prolonged interference with respiration has so lowered the patient's vitality, that on each of the seven occasions on which I have removed masses of the growth by forceps, the mere introduction of the instrument has caused alarming shock. Recently I painted the interior of her larynx with a 20 per cent. solution of muriate of cocaine once, and after waiting five minutes I was able to introduce the forceps four times and remove each time considerable portions of the tumors without the patient experiencing any pain at the moment or subsequent shock. She described the sensations caused by the cocaine as, first, a slight feeling of constriction, followed by a sensation of burning, which quickly passed away."

Calomel in Diphtheria.

Dr. H. A. Cleland reports four cases so treated in the *Detroit Lancet*, November, 1884. Bichloride of mercury was also used, and Dr. C. comes to the following conclusions:

1. When large doses of either of these salts of mercury are given in diphtheria, they do not produce catharsis to any extent, or induce any of the ordinary constitutional effects of mercury.

2. That no after unpleasant effects have been noticed to have followed the exhibition of these large doses of mercury during the convalescence, or after the complete recovery of diphtheria patients who have taken the drug in this manner.

3. That mercury exhibited in this manner has, in some cases, manifested an unmistakable power in controlling diphtheritic exudate, and arresting its development.

Curability of Syphilitic Arteritis.

From the *Lancet* we learn that M. Leudet has recently related the case of a man, the subject of syphilitic infection, who was noticed to have undergone a decided alteration in mental behavior, to have lost memory, and to have suffered from frontal headache. Whilst these symptoms prevailed, the superficial branch of the left temporal artery was seen to have become much thickened, so as to feel like a hard cord, and twice its normal diameter. Seven months later the corresponding vessel on the right side became affected in the same way, and coincidently the cerebral symptoms increased in intensity. The administration of anti-syphilitic treatment was followed by the return of the affected arteries to their natural state, and by the recovery of the patient.

The Treatment of Puerperal Septicæmia.

Dr. T. Gaillard Thomas, of New York, delivered an address before the first meeting of the New York State Medical Association, in the course of which he said:

"Were I called upon to sum up the treatment of a *declared undoubted* case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

"1. Quiet all pain by morphine hypodermically.

"2. Wash out the uterine cavity with antiseptics.

"3. Lower the temperature at once below a hundred, not by the barbarous method of a cold bath, but by the far better one of the coil of running water.

"4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.

"5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible."

A Lead-Pencil Removed from the Penis and Bladder.

To a recent meeting of the New York Surgical Society (October 28, 1884), Dr. Stimson related the case of an unmarried man aged forty-six, from whose penis and bladder he had removed, by means of a perineal incision, an ordinary lead-pencil, that had been introduced, so the patient said, because he found himself unable to urinate. Dr. Post related a somewhat similar case, where, the pencil being sharpened, the patient had taken the precaution to coat the sharpened end with sealing-wax.

CORRESPONDENCE.

A Case of Headache.

EDS. MED. AND SURG. REPORTER:—

About two years ago I was called to see a young lady suffering from a very severe headache. She has the following history: She is 31 years of age, of small frame and short stature, dark and sallow in complexion, and of very sedentary habits. She has suffered from these attacks, which have been of the most intense character, since she was eleven years of age. At my first visit she did not weigh more than 95 pounds, her headaches occurred every week, and continued from one to three days at a time.

She was accustomed to using various domestic remedies, such as hot foot-baths, moist heat to her head, etc., with some benefit. I gave her at this time the usual remedies for headache, but her stomach is so weak during the attack, that water will sometimes cause persistent vomiting.

I remember giving her at one of my visits a small dose of ipecac, as she complained of having eaten something that distressed her, and she vomited for many hours. By careful attention to diet, and more out-door exercise, with at times tonics, she made some improvement, but still it was far from satisfactory.

Five months ago she informed me that of late she had suffered from constipation, and I prescribed the following pill:

℞.	Ext. belladonnæ,	gr. v.
	Ext. nucis vomicæ,	gr. x.
	Ext. colocynthis,	ʒi.
	Sodii bicarbon.,	ʒii.

M. et ft., pil. xl. Two each night.

She has gradually left off taking these pills, and the result has been in every way satisfactory. I advised at the same time the removal of her corsets, as she complained of a constant pain in the lumbar region of the spine, and I am pleased to say it has produced the happiest results. No less an authority than Dr. B. W. Richardson says, "The effect of the pressure is equally injurious to the organs of digestion, respiration, and circulation."

Since I adopted this plan of treatment, she has gained twelve pounds in weight; her food does not cause her any distress, and the headaches have left her, with the exception of a slight attack at the catamenial period.

But what seems the most remarkable in this case is, the pain in her back is gone, and the menses have been regular and without pain.

This is something that has not happened since she was first unwell. She has taken no medicine, with the exception of the pills for her constipation, and it seems to me proven that the cause of her suffering was an error in dress.

I regard the removal of the corsets as the principal treatment in this case, and as the treatment was so simple, and the affliction so great, I trust my lesson may be of some use to others.

J. SUTCLIFFE HILL, M. D.

Saxton's River, Vt.

A Third Testicle.

EDS. MED. AND SURG. REPORTER:—

Called November 10, 1884, to H., age 22, stout, robust man, weighing about 175 or 180 pounds, white, married, one child about eighteen months old. The messenger informed me the man was suffering from strangulated hernia.

On examination, found a small tumor lying against the pubic bone, right side. A slight examination caused the man to cry out with pain. In answer to questions, said the *tumor* came suddenly, that he never had anything like it before. I instinctively examined the scrotum for an absent testicle, but found two well-developed testicles in the scrotum. I alternately pressed the tumor and one of the testicles in the scrotum, and he said the pain was the same. Although the man was suffering terribly, I took my time and very carefully examined the swelling. With very little effort I pushed the little tumor back into the

abdomen, with instant relief, and without that peculiar gurgling characteristic of a return of intestine.

I am satisfied I had a third testicle to deal with.

O. Hough, M. D.

Conneautville, Pa., December 8, 1884.

News and Miscellany.

For the Public Health.

PROVISIONS OF THE NEW BILL THAT IS TO BE SUBMITTED TO CONGRESS.

The Committee on Federal Legislation, appointed by the National Conference of the State Boards of Health, has completed the bill upon which it was engaged, and which embodies the views of the conference as to the best method of preventing the introduction into the United States of cholera and other diseases dangerous to the public health. It is entitled "A bill to amend an act entitled an act to prevent the introduction of contagious and infectious diseases into the United States, and to establish a National Board of Health."

The first of the ten sections comprised in the bill provides for a National Board of Health, to consist of one member from every State Health Board now or hereafter to be established, to be appointed by the President and confirmed by the Senate. This differs from the original act in that it largely increases the membership of the board, and excludes from it the medical officers from the army, navy, and marine hospital service, and the law officer from the Department of Justice.

The second section of the new bill provides, as did the corresponding section of the original act, for the collection and dissemination of sanitary information, etc., but greatly enlarges the scope of the Board's powers by authorizing it to frame rules and regulations for the government of the quarantine service of the United States, and by vesting in it (the Board) all authority which is now or may hereafter be provided by law for the control and protection of the public health. It directs the National Board to co-operate with local boards, as far as it lawfully may, and to aid in the enforcement of the latter's rules and regulations; but it also authorizes the National Board, upon direction of the President, to act in the several States independently, and to make and enforce their own rules, regardless of the local boards. The third section relates to the regulation of the marine quarantine service, and authorizes the National Board to frame rules to be observed by all vessels sailing from foreign ports to ports of the United States; and provides that such rules, when approved by the President and issued by the Department of State, shall be enforced by all consular officers and agents of the United States, as well as by medical officers serving under this act.

Section four provides that any vessel from any foreign port which shall attempt to enter any port of the United States in violation of the above-mentioned rules and regulations shall be liable to process in the proper District Court of the United States, and upon conviction shall forfeit to the United States a sum to be awarded in the discretion of the Court, not exceeding $1,000, which shall be a lien upon such vessel. In order to show that it has complied with these rules and regulations, every vessel shall be provided with a proper certificate from the United States consular or medical officer at the point of departure, who must be satisfied that the statements therein contained are true. Section fifth provides for a similar observance of these rules and a corresponding certificate from the health officer at the port of entry. Section sixth authorizes the President of the United States, in any threatening emergency, to make known by proclamation measures which he may think necessary to meet it, such as suspending the introduction by land or sea of any dangerous kind of merchandise, or prohibiting entry into United States ports of vessels from infected countries. He shall, at the same time, convene the National Board of Health in special session, and the measures devised by the latter shall, upon approval by the President, supersede the Executive proclamation.

The remaining four sections provide for the collection by consular officers of sanitary statistics and information in foreign ports; for the detail by the President of departmental officers to serve temporarily, under direction of the Board, without extra compensation; for an appropriation of $500,000 to meet the expenses incurred in carrying out the provisions of the bill, such sum to be disbursed under the National Board's direction and by its own disbursing agents, and for the repeal of all acts inconsistent with the terms of this one.

A delegation of physicians and members of State Boards of Health in attendance at the conference placed the bills in the hands of the House committee on the public health on the 12th inst. Dr. Walcott, of Boston, Erastus Brooks, of New York, and Dr. McCormack, of Louisville, made short speeches before the committee. They urged legislative action in the direction proposed by the bill, and said that the measure was approved by the Boards of Health of twenty-five States. Representative Beach, Chairman of the Committee on Public Health, says that he regards the measure prepared by the conference as a most important one, and that his committee will give it consideration at an early date.

Diphtheria and Measles in New York.

The diphtheria scourge that never leaves New York, though it lets up occasionally to a limited extent, has recently taken a fresh start, and is at present devastating more homes than has been its wont. The usual death rate of fifty per cent. of reported cases has been exceeded, and is at present sixty per cent. and over. Last week the deaths from diphtheria numbered forty-three to seventy-five reported cases. As the prevalence of the disease has diminished during the last few weeks, it has increased in violence until it has reached its present severe type.

"People talk about Asiatic cholera," said a physician connected with the Board of Health recently, "as something dreadful; and here, right in this city, is a disease raging all the time that is a hundred times worse than cholera. Let us get one case of that epidemic by ship, and see what an

alarm there will be; yet they hardly seem to know that diphtheria is about, and is killing people right and left. The worst cholera that ever was never killed half of the people it attacked. Diphtheria does, whenever it gets bad. Indeed, when it is bad there is no dealing with it at all. The patient dies before you can do anything for him."

The health officers take patients suffering from this disease to the Riverside Hospital whenever it is desired by parents or friends. If the Board of Health ever gets through building on North Brother Island, they will be taken there. Measles have been increasing steadily for a week or two, since the coming of cold weather. It is, however, not of a very severe type. Last week 152 cases were reported at Sanitary Headquarters, and 22 deaths. That was just three times the number of the preceding week and the week before that. Among the new cases reported yesterday were four in the Foundling Asylum at Sixty-eighth street and Third avenue. The patients were babies from four to eight months old. In an institution of that character the mortality can be expected to be high, but the arrangements for isolating and treating such cases at the Foundling Asylum are of the very best.

Guarding Against Cholera.

The New Jersey Sanitary Association ended its tenth annual session in Trenton, December 5, 1884. The duty of the State and local authorities as to cholera was the subject discussed. Resolutions were adopted calling on the National and State Governments to adopt the strictest quarantine measures to prevent the introduction of cholera into the country, declaring it to be the duty of the State and local Boards of Health in the winter and early spring to place every city, town, and township in the most favorable sanitary condition, and urging the people to coöperate by a systematic overhauling and disinfection of every part of their houses. It was also declared necessary that health officers should have police powers to enter any house to detect nuisances and abate them. Attention was called to the necessity of having pure water for domestic purposes.

The following officers were elected:

President.—Dr. Robert Westcott, Elizabeth.

First Vice-President.—Dr. Laban Dennis, Newark.

Second Vice-President.—Professor Jas. M. Green, Long Branch.

Recording Secretary.—Dr. D. C. English, New Brunswick.

Corresponding Secretary.—Professor J. Madison Watson, Elizabeth.

Treasurer.—Dr. W. K. Newton, Paterson.

Cremation: Dedication of Crematorium at Lancaster, Pa.

The second crematorium completed in the United States was dedicated at Lancaster, Pennsylvania, on Tuesday, November 25, at 2 p. m., when the body of a lady from Jersey City, N. J., was incinerated. The building occupies a commanding position on the west bank of the Conestoga, in the immediate vicinity of the largest cemetery in the city. It is in the Gothic style of architecture, 30x48 feet in its ground plan, and is divided into audience, furnace, and reception rooms. Over the main entrance to the building is the single word "Crematorium" in very prominent Old English Text, the most appropriate name that we have yet seen used in this connection. There will be two retorts, one of which has already been used, the largest yet constructed for this purpose—entirely original in the design of its heating apparatus.

The Society was organized May 27, 1884, and has purchased land, erected its building, and had its first cremation within the period of six months, while none of several other societies thus far organized have as yet advanced much beyond laying the corner-stones of their respective buildings. The subject-matter of the addresses made on this occasion, gives evidence that those who are directing attention to this coming mode of disposing of the dead are thinking men, who know how to present their case, Cremation *vs.* Inhumation.

The King of Italy's Cholera Tour.

We learn that the following inscription, from the pen of Professor Domenico Gnoli, will be inscribed on the tablet about to be placed in the capitol at Rome in commemoration of King Humbert's visit to cholera-stricken Naples:

S. P. Q. R.
A RICORDARE AI POSTERI
CHE RE UMBERTO I.
NEL SETTEMBRE DEL 1884
ACCORREVA A NAPOLI
AFFLITTA DA EPIDEMIA COLERICA
RECANDO NEGLI OSPEDALI E NE' TUGURI
CORAGGIO, CONSOLAZIONE, SOCCORSO
E VI RESTAVA FINCHE IL MORBO NON DECLINASSE
FRA LE BENEDIZIONI DI TUTTA ITALIA
PER LUI TREPIDANTE,
ROMA
LIETA DI RISALUTARLO INCOLUME,
SUPERBA DEL SUO RE,
INTERPRETE DELLA RICONOSCENZA UNIVERSALE
POSE.

(*Translation.*)

THE ROMAN SENATE AND PEOPLE.
TO RECORD TO POSTERITY
THAT KING HUMBERT I.
IN THE SEPTEMBER OF 1884
HASTENED TO NAPLES,
IN HER AFFLICTION FROM EPIDEMIC CHOLERA,
BRINGING INTO HER HOSPITALS AND HOVELS
COURAGE, CONSOLATION, RELIEF,
AND, UNTIL THE SCOURGE ABATED, REMAINED THERE
AMID THE BLESSINGS OF ALL ITALY
TREMBLING FOR HIM.
ROME,
REJOICING TO SALUTE HIS SAFE RETURN,
PROUD OF HER KING,
INTERPRETING THE UNIVERSAL GRATITUDE,
PLACED THIS TABLET.

Personals.

—Dr. J. C. Biddle has been re-elected, for a term of five years, Surgeon and Superintendent of the Miners' Hospital at Ashland.

—Dr. Henry A. Martin, widely known in connection with vaccination, died December 7, 1884, at his residence at Boston Highlands.

—Dr. John Charles Faget, an eminent Creole physician of New Orleans, died Sunday, December 7, 1884. His parents were emigrés from San Domingo, and he was born in New Orleans in 1809. He was educated for medicine in Paris, and held high rank in his profession. He was the author of several standard works on yellow

fever and kindred diseases, and after the epidemic of 1867 was created a Chevalier of the Legion of Honor by Napoleon III. for his services in behalf of his needy countrymen.

Items.

—Dr. Louis A. Duhring, of Philadelphia, has recently been elected an Honorary Fellow of the Dermatological Society of London.

—In the *Polyclinic*, November 15, 1884, Dr. Arthur Van Harlingen reports a case of chancre of the eyelid produced by inoculation through a contused wound.

—At the annual meeting of the American Academy of Medicine, in Baltimore, held October 28 and 29, 1884, Dr. Albert L. Gihon, of the U. S. Navy, was elected President for the ensuing year.

—In the *Journal Am. Med. Ass.*, November 1, 1884, Dr. Augustus P. Clarke, of Cambridge, Mass., reports a case of hemiplegia with recovery, and death nearly four years later from aneurism just above the arch of the aorta. The autopsy revealed the site of the old lesion in the middle of the left half of the corpus callosum.

—Maharani Surnamayi, of Cossim Bazaar, Moorshedabad, one of the millionaires of Bengal, and already well known for her munificent liberality, has given a lakh and a half of rupees towards the scheme for providing separate classes for female medical students at the Calcutta Medical College, and has promised to increase the gift to eight lakhs, should a separate college be provided.

—The *Union Médicale* says that Zeissl uses the following formula in the internal treatment of catarrh of the bladder:

Powdered leaves of *Herniaria glabra*,
Chenopodium, each, 5 grammes.

Mix and divide into five parts. Add one part to a litre of boiling water. The infusion may be made more agreeable by the addition of milk.

—In a case of lupus, in which the disease had already done much damage to the side of the nose, the cheeks, and the eyebrows, Dr. Marshall (*Algem. Wiener Med. Zeit.*) succeeded in healing the ulcer with salicylic acid. He employed an ointment containing ʒj. of the acid to ℥j. of vaseline. The cicatrix obtained was flexible and smooth. Altogether the result of treatment was very gratifying, and the author warmly recommends the use of the drug in similar cases.

—In the churchyard at Fredericksburg, Va., is a tombstone on which may be deciphered these words:

"Here lies the body of
EDWARD HELDON,
Practitioner in Physics and Chirurgery. Born in Bedfordshire, England, in the year of our Lord 1542. Was contemporary with, and one of the pall-bearers of William Shakespeare, of the Avon. After a brief illness his spirit ascended in the year of our Lord 1618—aged 76."

—The dental school and hospital of Paris celebrated its fifteenth year early in November. M. Paul Bert presided. In his speech, he criticised adversely the doctrine that all dentists should obtain a doctor's degree. Dental students should be required to have an exact and extended knowledge of all subjects in connection with their profession. The president terminated his address by expressing a hope that the French dentists would soon possess a college equal to that of their American colleagues.

OBITUARY NOTICES.

DR. H. A. GRANT.

Dr. H. A. Grant, who died at Enfield, Conn., Sunday, November 30, 1884, was born in 1813 on St. Simon's Island, Georgia. He was graduated at Union College in 1832, and completed his medical education at the Baltimore Medical College. After practicing his profession in Albany for three years, he went to Europe, where for four years he studied surgery under Velpeau and others. On his return he settled in Hartford, Conn., where he soon took high rank as a surgeon, but in 1854 he was compelled by ill health to relinquish the practice of his profession and remove to Enfield, Conn., where he resided till his death. Though a Georgian born, he threw himself heart and soul into the Union cause. He was appointed by Governor Buckingham Surgeon-General of Connecticut, which post he filled faithfully and efficiently till the close of the war.

QUERIES AND REPLIES.

Dr. L. N. F., of Ills., wishes suggestions for the most palatable combinations for administering hydrofluoric acid to children.

Dr. R. A. I., of Ohio, sends a prescription written by an irregular as an example of illiteracy. It is, indeed, bad enough, but we not unfrequently receive worse. It is appalling to reflect on the absolute ignorance of men allowed to practice on the lives and health of their fellow-creatures.

Dr. Macready, Canada.—A Canadian diploma will allow you to practice in most states of the Union, but not in all.

Lay Brother, Pa.—We are not believers in the open window theory. A person not entirely strong and well had better sleep with closed windows when the night temperature is below 50° Fah.

MARRIAGE.

SMITH—KNAPP.—December 3, 1884, at the Memorial Presbyterian church, Brooklyn, by Rev. H. W. Knapp, D. D., Charles Stenbridge Smith, M. D., of Cincinnati, and Emma, daughter of the officiating clergyman.

DEATHS.

ASHBRIDGE.—Twelfth month 13, 1884, in this city, Wm. Ashbridge, M. D., in the 39th year of his age.

FRANKISH.—December 3, 1884, in this city, Dr. Joseph Frankish, aged 58 years.

GRANT.—November 30, 1884, at Enfield, Conn., Harry Allen Grant, M. D., in the 72d year of his age.

POTT.—December 9, 1884, in this city, Dr. J. C. C. Pott, at the age of 80 years.

SHAW.—December 7, 1884, in this city, Dr. Sam'l Francis Shaw, formerly Surgeon U. S. Navy.

SITES.—November 30, 1884, Dr. Oscar Sites (formerly of New London, Conn.), in the 75th year of his age.

STEPHENS.—December 4, 1884, at 83 Lexington avenue, New York, F. P. Stephens, M. D.

GROESBECK.—November 25, 1884, at his residence, in Chicago, Abram Groesbeck, M. D., aged 67 years.

MAGILL.—November 14, 1884, at Niles, Michigan, Chas. Arthur Magill, M. D., aged 67 years.